2017 - 07 - 11 - 03 - 00162032

FEC FORM 1

1

STATEMENT OF ORGANIZATION

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2017 JUL 11 PM 12: 00

			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
LifeCare Holdings LLC	Political Action Com	mittee (LifeCare PAC)				
	1.1.1.1.1.1.1.1					
ADDRESS (number and street)	5340 Legacy Dr.					
(Check if address is changed)	Suite 150	1 1 1 1 1 1 1 1 1 1 1				
io onangoo,	Plano		TX 75024 -			
	CITY A		STATE ▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	SS					
☐ (Check if address is changed)	erik.pahl@lifecare-	hospitals.com				
	Optional Second E-Mail Ad	dress				
COMMITTEE'S WEB PAGE AD	DRESS (URL)					
(Check if address is changed)						
		<u> </u>				
2. DATE 07 '01						
3. FEC IDENTIFICATION NUMBER ▶ [C]						
4. IS THIS STATEMENT	.)1	AMENDED (A)				
I certify that I have examined the	his Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasurer Chris Walker						
Signature of Treasurer	CWA		Date 07 100 12617			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	CCL CLICK NA I			

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FEC FORM 1 (Neviseu 02/2009)				
TYPE OF COMMITTEE				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate				
Candidate Office State Party Affiliation Sought: House Senate President District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State (Democratic, Republican, etc.) Party.				
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
Corporation Corporation w/o Capital Stock Labor Organization				
Membership Organization Trade Association Corporation Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative:				
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Committees Participating in Joint Fundraiser				
1. [
2.				
3.				
4. FEC ID number				

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
LifeCare Holdings LLC	` <u> </u>	11
Mailing Address	5340 Legacy Dr.	
3	Suite 150	
	Plano TX	75024 - -
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representativ	e Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optional) and position of the pers	son in possession of committee
Full Name Connie	Lux	
Mailing Address	5340 Legacy Dr.	
	Suite 150	<u></u>
	Plano	75024 -
Title or Position	CITY STATE	ZIP CODE
Assistant Treasure	Telephone number 469	9 - 241 - 2138
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	nd the name and address of
Full Name Chris	<i>N</i> alker	
Mailing Address	5340 Legacy Dr.	
	Suite 150	
	Plano	75024
Title or Position	CITY STATE	ZIP CODE
Treasurer.	Telephone number 469	9 _ [241,] - [2115

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	Full Name of Designated Agent	Connie Lux	
	Mailing Address	5340 Legacy Dr.	
		Suite 150	
		Plano TX TX T502	ZIP CODE
	Title or Position Assistant		41, - 2138,
9.		er Depositories: List all banks or other depositories in which the committee deposits funds, holds poxes or maintains funds. Depository, etc.	s accounts, rents
		J.P. Morgan Chase	
	Mailing Address	s 700 North Pearl Street	
		Filoor,14, Suite 1400, , , , , , , , , , , , , , , , , , ,	
		[Dallas T,X] [7520	1
		CITY STATE	ZIP CODE
	Name of Bank,	Depository, etc.	
	Mailing Address	s	
		CITY STATE	ZIP CODE



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SHIP DATE: 10JUL17 ACTWGT: 0.50 LB CAD: 4893262/INET3850

BILL SENDER

TO

FEDERAL ELECTION COMMISSION 999 E STREET, NW

WASHINGTON DC 20463 (469) 241-2122 REF: INV: PO:



TUE - 11 JUL 3:00P STANDARD OVERNIGHT

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

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Date of Receipt or Postmarked

Other (Specify):

PREPARER

(3/2015)

Date of Receipt or Postmarked

DATE PREPARED