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Public Affairs Support Services, Inc.  
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Alexandria, VA 22314  
P. 703.684.2915  
F. 703.684.7121  
www.pactrack.net

December 18, 2007

Memo To: Jon Sadayasu, Treasurer  
Skilled Healthcare PAC

Via: Susan Whittle

From: Rebecca Fussman

cc: Melody Chatelle

Re: FEC Statement of Organization (Form 1)

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***Important: These materials need your immediate attention and signature.***

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Attached to this e-mail is the PAC's FEC Form 1, Statement of Organization, which needs to be filed physically with the FEC. This statement discloses the PAC's name, address, bank, officers and other information. Even though most correspondence from the FEC is sent via regular mail, PASS listed PASS' email address for the PAC in order to receive and respond to emails promptly.

**Please print out a copy of this document and sign and date at the bottom of the first page.** The signed four-page statement should be sent to the address below. We recommend that it be sent via a delivery service where receipt can be verified.

Also attached is electronic filing password request letter and an instructions memo on how to file the password request with the FEC once you receive the FEC ID for the committee.

If you have any questions or want us to make any changes, please call me. I would appreciate a copy of the signed page for my records.

**Federal Election Commission**  
999 E Street NW  
Washington, DC 20463  
(202) 694-1100

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Skilled Healthcare Group, Inc. Political Action Committee (Skilled Healthcare PAC)

ADDRESS (number and street)

27442 Portola Parkway

(Check if address is changed)

Suite 200

Foothill Ranch

CA

92610

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pacs@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

949-282-5824

2. DATE

MM 12

DD 18

YYYY 2007

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Jon Sadayasu

Signature of Treasurer

*Jon Sadayasu*

Date

MM 12

DD 19

YYYY 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1

(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Skilled Healthcare Group, Inc. \_\_\_\_\_

Mailing Address  27442 Portola Parkway  
 Suite 200  
 Rancho Hills  CA  92610  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship  Connected \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

**Skilled Healthcare Group, Inc. Political Action Committee (Skilled Healthcare PAC)**

7. **Custodian of Records:** Identify by name, address, (phone number – optional), and position of the person in possession of Committee books and records.

Full Name Chris Felfe

Mailing Address c/o PASS  
1020 N. Fairfax Street 5th Floor  
Alexandria VA 22314

Title or Position ▼ Custodian of Records CITY ▲ Alexandria STATE ▲ VA ZIP CODE ▲ 22314

Telephone number 703 684 2915

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jon Sadayasu

Mailing Address 27442 Portola Parkway  
Suite 200  
Foothill Ranch CA 92610

Title or Position ▼ Treasurer CITY ▲ Foothill Ranch STATE ▲ CA ZIP CODE ▲ 92610

Telephone number 949 282 5885

Full Name of Designated Agent Chris Felfe

Mailing Address 27442 Portola Parkway  
Suite 200  
Foothill Ranch CA 92610

Title or Position ▼ Assistant Treasurer CITY ▲ Foothill Ranch STATE ▲ CA ZIP CODE ▲ 92610

Telephone number 949 282 5954

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Burke & Herbert Bank & Trust Co.

Mailing Address

100 South Fairfax Street

Alexandria

VA

22314

-

CITY Δ

STATE Δ

ZIP CODE Δ

27039574081

**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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date  
*12/18/07*  
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

*Jms* *12/19/07*  
**PREPARER** **DATE PREPARED**

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