

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Skilled Healthcare Group Inc. Political Action Committee

ADDRESS (number and street) 27442 Portola Parkway Suite 200  
Check if different than previously reported. (ACC) Foothill Ranch CA 92610

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00442426 3. IS THIS REPORT NEW (N) OR AMENDED (A)  NEW (N)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer Pat Ikerd

Signature of Treasurer Pat Ikerd [Electronically Filed] Date 10 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		68753.66
(b) Cash on Hand at Beginning of Reporting Period.....	60503.61	
(c) Total Receipts (from Line 19) .....	11639.55	26889.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72143.16	95643.16
7. Total Disbursements (from Line 31).....	26100.00	49600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46043.16	46043.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10579.00	16297.00
(ii) Unitemized .....	1060.55	5592.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11639.55	21889.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11639.55	21889.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11639.55	26889.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11639.55	26889.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15100.00	35600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	11000.00	14000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26100.00	49600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26100.00	49600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11639.55	21889.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11639.55	21889.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Della Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Regional Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**07 / 11 / 2014**  
Transaction ID : **A2014-1538076**

Amount of Each Receipt this Period  
**25.00**

**B. Della Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Regional Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**07 / 25 / 2014**  
Transaction ID : **A2014-1793218**

Amount of Each Receipt this Period  
**25.00**

**C. Della Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Regional Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**08 / 08 / 2014**  
Transaction ID : **A2014-1793166**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**TOTAL** This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Della Alexander**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare Group Inc. Regional Financial Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : A2014-2031785**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Della Alexander**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare Group Inc. Regional Financial Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : A2014-2031718**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Della Alexander**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare Group Inc. Regional Financial Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2143315**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : A2014-1538040**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1793182**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : A2014-1793132**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 31  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : A2014-2031753**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : A2014-2031685**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2143285**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Robert Fancy**

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Rnach CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC VP Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
07 / 25 / 2014  
**Transaction ID : A2014-1793185**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 11 / 2014  
**Transaction ID : A2014-1538037**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
07 / 25 / 2014  
**Transaction ID : A2014-1793179**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 31  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CAO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 08 / 2014  
**Transaction ID : A2014-1793129**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CAO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 08 / 22 / 2014  
**Transaction ID : A2014-2031750**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CAO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 05 / 2014  
**Transaction ID : A2014-2031682**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Christopher Felfe</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 <b>Transaction ID : A2014-2143282</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Lorraine Kozloski</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 <b>Transaction ID : A2014-1538038</b>
Mailing Address 534 Via Estrada Unit A		Amount of Each Receipt this Period 20.00
City Laguna Woods	State CA	Zip Code 92637
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Lorraine Kozloski</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 <b>Transaction ID : A2014-1793180</b>
Mailing Address 534 Via Estrada Unit A		Amount of Each Receipt this Period 20.00
City Laguna Woods	State CA	Zip Code 92637
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 31  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Lorraine Kozloski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 Via Estrada Unit A  
 City Laguna Woods State CA Zip Code 92637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 08 / 2014  
**Transaction ID : A2014-1793130**  
 Amount of Each Receipt this Period 20.00

**B. Lorraine Kozloski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 Via Estrada Unit A  
 City Laguna Woods State CA Zip Code 92637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : A2014-2031751**  
 Amount of Each Receipt this Period 20.00

**C. Lorraine Kozloski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 Via Estrada Unit A  
 City Laguna Woods State CA Zip Code 92637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : A2014-2031683**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Lorraine Kozloski</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 <b>Transaction ID : A2014-2143283</b>
Mailing Address 534 Via Estrada Unit A		Amount of Each Receipt this Period 20.00
City Laguna Woods	State CA	Zip Code 92637
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation Accountant		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 <b>Transaction ID : A2014-1538044</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation Associate Counsel		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 <b>Transaction ID : A2014-1793186</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation Associate Counsel		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 <b>Transaction ID : A2014-1793135</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation Associate Counsel		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 <b>Transaction ID : A2014-2031756</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation Associate Counsel		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2014 <b>Transaction ID : A2014-2031688</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C	Name of Employer Skilled Healthcare LLC	
Occupation Associate Counsel		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Zachary Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  
**09 / 19 / 2014**  
**Transaction ID : A2014-2143288**

Amount of Each Receipt this Period  
**250.00**

**B. Bernard Puckett**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Copper Creek

City Irvine State CA Zip Code 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**07 / 25 / 2014**  
**Transaction ID : A2014-1849825**

Amount of Each Receipt this Period  
**2500.00**

**C. Roland Rapp**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2688.00**

Date of Receipt  
**07 / 11 / 2014**  
**Transaction ID : A2014-1538035**

Amount of Each Receipt this Period  
**192.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2717.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Roland Rapp**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2880.00**

Date of Receipt  
**07 / 25 / 2014**  
**Transaction ID : A2014-1793177**

Amount of Each Receipt this Period  
**192.00**

Full Name (Last, First, Middle Initial)  
**B. Roland Rapp**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3072.00**

Date of Receipt  
**08 / 08 / 2014**  
**Transaction ID : A2014-1793127**

Amount of Each Receipt this Period  
**192.00**

Full Name (Last, First, Middle Initial)  
**C. Roland Rapp**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3264.00**

Date of Receipt  
**08 / 22 / 2014**  
**Transaction ID : A2014-2031748**

Amount of Each Receipt this Period  
**192.00**

**SUBTOTAL** of Receipts This Page (optional)..... **576.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Roland Rapp**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3456.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : A2014-2031680**

Amount of Each Receipt this Period  
 192.00

**B. Roland Rapp**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3648.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2143280**

Amount of Each Receipt this Period  
 192.00

**C. Linda Rosenstock**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Occupation Dean

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1849826**

Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2384.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Glenn S Schafer</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2014 <b>Transaction ID : A2014-1849827</b>
Mailing Address 29 Fresco		Amount of Each Receipt this Period 2500.00
City Irving	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2014 <b>Transaction ID : A2014-1538041</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Kelly Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2014 <b>Transaction ID : A2014-1793183</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Area President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2014

**Transaction ID : A2014-1793133**

Amount of Each Receipt this Period  

25.00
-------

**B. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Area President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

**Transaction ID : A2014-2031754**

Amount of Each Receipt this Period  

25.00
-------

**C. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Area President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2014

**Transaction ID : A2014-2031686**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 31  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Kelly Smith**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Area President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2143286**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : A2014-1538071**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1793213**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Peter Stong</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2014 <b>Transaction ID : A2014-1793162</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 35.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VPO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Stong</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2014 <b>Transaction ID : A2014-2031781</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 35.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VPO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Stong</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2014 <b>Transaction ID : A2014-2031714</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 35.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VPO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City	State	Zip Code
Foothill Ranch	CA	92610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare LLC	VPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	19	/	2014

**Transaction ID : A2014-2143311**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						6	6

**35.00**

Full Name (Last, First, Middle Initial)  
**B. Laurie Thomas**

Mailing Address 3106 Montana del Sol

City	State	Zip Code
San Clemente	CA	92673

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare Group Inc.	COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2688.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	11	/	2014

**Transaction ID : A2014-1538079**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						1	9

**192.00**

Full Name (Last, First, Middle Initial)  
**C. Laurie Thomas**

Mailing Address 3106 Montana del Sol

City	State	Zip Code
San Clemente	CA	92673

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Skilled Healthcare Group Inc.	COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2880.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	25	/	2014

**Transaction ID : A2014-1793221**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						1	9

**192.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>419.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Laurie Thomas</b>		Date of Receipt
Mailing Address 3106 Montana del Sol		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City San Clemente      State CA      Zip Code 92673		<b>Transaction ID : A2014-1793169</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Name of Employer Skilled Healthcare Group Inc.	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3072.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Laurie Thomas</b>		Date of Receipt
Mailing Address 3106 Montana del Sol		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City San Clemente      State CA      Zip Code 92673		<b>Transaction ID : A2014-2031788</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Name of Employer Skilled Healthcare Group Inc.	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3264.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Laurie Thomas</b>		Date of Receipt
Mailing Address 3106 Montana del Sol		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City San Clemente      State CA      Zip Code 92673		<b>Transaction ID : A2014-2031721</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Name of Employer Skilled Healthcare Group Inc.	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3456.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Laurie Thomas</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 <b>Transaction ID : A2014-2143318</b>
Mailing Address 3106 Montana del Sol		Amount of Each Receipt this Period 192.00
City San Clemente	State CA	Zip Code 92673
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3648.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Thurber</b>		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 <b>Transaction ID : A2014-1538081</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Thurber</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : A2014-1790638</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mary Thurber</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : A2014-1791885</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Thurber</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : A2014-2031724</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Thurber</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-2031656</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mary Thurber</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : A2014-2143255</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Thurber</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : A2014-2173737</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10579.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement Contribution

011

Candidate Name

**Xavier Becerra**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : B531661**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich for Senate**

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement Contribution

011

Candidate Name

**Martin T Heinrich**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

**Transaction ID : B510102**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Rd Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement Contribution

011

Candidate Name

**John A Boehner**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : B531662**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Texans for Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement Contribution

011

Candidate Name

**John Cornyn**

Category/Type

Office Sought:  House  Senate  President  
State: TX District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

**Transaction ID : B510674**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B. Doggett for US Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement Contribution

011

Candidate Name

**Lloyd Doggett**

Category/Type

Office Sought:  House  Senate  President  
State: TX District: 35

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : B533784**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Camp. Cmte**

Mailing Address 430 S. Capitol St. SE 2nd Fl.

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2014

**Transaction ID : B509437**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8100.00

**TOTAL** This Period (last page this line number only)..... ▶

15100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Charles Schwertner for State Senate**

Mailing Address P.O. Box 2448

City Georgetown State TX Zip Code 78627

Purpose of Disbursement  
G-2014 State Senate 5 TX

011

Category/  
Type

Candidate Name

**Charles Schwertner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2014

**Transaction ID : B509438**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Texans for Greg Abbott**

Mailing Address PO Box 308

City Austin State TX Zip Code 78767

Purpose of Disbursement  
G-2014 Governor TX

011

Category/  
Type

Candidate Name

**Greg Abbott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2014

**Transaction ID : B509445**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

**TOTAL** This Period (last page this line number only)..... ▶

11000.00