

**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="2012"/>		57136.59
(b) Cash on Hand at Beginning of Reporting Period.....	62662.55	
(c) Total Receipts (from Line 19)	13274.17	37800.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75936.72	94936.72
7. Total Disbursements (from Line 31).....	12250.00	31250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63686.72	63686.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11975.62	29648.02
(ii) Unitemized	1298.55	8152.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13274.17	37800.13
(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)	13274.17	37800.13
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	0.00
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))..... ▶	13274.17	37800.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13274.17	37800.13

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.....	10000.00	28500.00
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	2250.00	2750.00
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)) ..	12250.00	31250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12250.00	31250.00

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)	13274.17	37800.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13274.17	37800.13
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

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

Form/Schedule: F3XN
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 7 OF 53
(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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740727
 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740828
 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A2012-1740926
 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 8 OF 53
(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. 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 / 24 / 2012
Transaction ID : A2012-1915611
 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 / 07 / 2012
Transaction ID : A2012-2042710
 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 / 21 / 2012
Transaction ID : A2012-2042807
 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 53
(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. William A Crommett
 Full Name (Last, First, Middle Initial)
 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 CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740664
 Amount of Each Receipt this Period
 40.00

B. William A Crommett
 Full Name (Last, First, Middle Initial)
 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 CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740765
 Amount of Each Receipt this Period
 40.00

C. William A Crommett
 Full Name (Last, First, Middle Initial)
 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 CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A2012-1740865
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 53
(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. William A Crommett
 Full Name (Last, First, Middle Initial)
 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 CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : A2012-1915550
 Amount of Each Receipt this Period
 40.00

B. William A Crommett
 Full Name (Last, First, Middle Initial)
 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 CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : A2012-2042649
 Amount of Each Receipt this Period
 40.00

C. William A Crommett
 Full Name (Last, First, Middle Initial)
 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 CIOSVP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A2012-2042746
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 11 OF 53
<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) A. Huong Dang		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 Transaction ID : A2012-1740673
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Aggregate Year-to-Date 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Huong Dang		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 Transaction ID : A2012-1740774
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Aggregate Year-to-Date 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Huong Dang		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : A2012-1740874
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 12 OF 53
(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 / 24 / 2012
Transaction ID : A2012-1915559

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 / 07 / 2012
Transaction ID : A2012-2042658

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 / 21 / 2012
Transaction ID : A2012-2042755

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 13 OF 53
(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. 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740677

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740778

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A2012-1740878

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 14 OF 53
(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. 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 ▼
 425.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : A2012-1915563

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 450.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : A2012-2042662

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 475.00

Date of Receipt
 09 / 21 / 2012
Transaction ID : A2012-2042759

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 15 OF 53
(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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740669

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 ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740770

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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A2012-1740870

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 16 OF 53
(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 ▼
 425.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : A2012-191555

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 ▼
 450.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : A2012-2042654

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 ▼
 475.00

Date of Receipt
 09 / 21 / 2012
Transaction ID : A2012-2042751

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 17 OF 53
(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. Denise German
 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 ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740667
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Denise German
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740768
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Denise German
 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 ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A2012-1740868
 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: PAGE 18 OF 53
(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. Denise German

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 ▼
340.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2012
Transaction ID : A2012-191553

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Denise German

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 ▼
360.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2012
Transaction ID : A2012-2042652

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Denise German

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 ▼
380.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2012
Transaction ID : A2012-2042749

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 19 OF 53
	<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. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 Transaction ID : A2012-1740662
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) B. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 Transaction ID : A2012-1740763
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : A2012-1740863
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 20 OF 53
<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

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. Boyd W Hendrickson
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 CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : A2012-1915548

Amount of Each Receipt this Period
200.00

B. Boyd W Hendrickson
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 CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : A2012-2042647

Amount of Each Receipt this Period
200.00

C. Boyd W Hendrickson
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 CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : A2012-2042744

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 21 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Dorlen Kelly		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 Transaction ID : A2012-2042810
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 10.00
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 Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Lorraine Kozloski		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 Transaction ID : A2012-1740671
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) C. Lorraine Kozloski		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 Transaction ID : A2012-1740772
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	

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 22 OF 53
	<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. Lorraine Kozloski		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2012 Transaction ID : A2012-1740872
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 ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Lorraine Kozloski		Date of Receipt M M / D D / Y Y Y Y Y 08 / 24 / 2012 Transaction ID : A2012-1915557
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 ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Lorraine Kozloski		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 Transaction ID : A2012-2042656
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 ▼ 360.00	

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: PAGE 23 OF 53
(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. Lorraine Kozloski

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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : A2012-2042753

Amount of Each Receipt this Period
20.00

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

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : A2012-1740678

Amount of Each Receipt this Period
25.00

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

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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : A2012-1740779

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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 24 OF 53
<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

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. Zachary Larson		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : A2012-1740879
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. Zachary Larson		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : A2012-1915564
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) C. Zachary Larson		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 Transaction ID : A2012-2042663
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	

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 25 OF 53
	<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
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A2012-2042760
 Amount of Each Receipt this Period
 25.00

B. Jose Lynch
 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 Skilled Healthcare LLC Occupation President and COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740663
 Amount of Each Receipt this Period
 192.31

C. Jose Lynch
 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 Skilled Healthcare LLC Occupation President and COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740764
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional).....▶	409.62
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 26 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Jose Lynch
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 92610

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

Name of Employer Occupation
Skilled Healthcare LLC President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.96

Date of Receipt
08 / 10 / 2012
Transaction ID : A2012-1740864

Amount of Each Receipt this Period
192.31

B. Jose Lynch
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 92610

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

Name of Employer Occupation
Skilled Healthcare LLC President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.27

Date of Receipt
08 / 24 / 2012
Transaction ID : A2012-1915549

Amount of Each Receipt this Period
192.31

C. Jose Lynch
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 92610

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

Name of Employer Occupation
Skilled Healthcare LLC President and COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.58

Date of Receipt
09 / 07 / 2012
Transaction ID : A2012-2042648

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 27 OF 53
(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

A. Jose Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC President and COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3653.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A2012-2042745
 Amount of Each Receipt this Period
 192.31

B. Frederic Maas
 Full Name (Last, First, Middle Initial)
 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 SVP Director of Tax
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740668
 Amount of Each Receipt this Period
 38.46

C. Frederic Maas
 Full Name (Last, First, Middle Initial)
 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 SVP Director of Tax
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740769
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.23
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 28 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Frederic Maas
Full Name (Last, First, Middle Initial)

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	SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	10	/	2012

Transaction ID : A2012-1740869

Amount of Each Receipt this Period

38.46

B. Frederic Maas
Full Name (Last, First, Middle Initial)

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	SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	24	/	2012

Transaction ID : A2012-1915554

Amount of Each Receipt this Period

38.46

C. Frederic Maas
Full Name (Last, First, Middle Initial)

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	SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	07	/	2012

Transaction ID : A2012-2042653

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 29 OF 53
	<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. Frederic Maas
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 SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt **09 / 21 / 2012**
Transaction ID : **A2012-2042750**

Amount of Each Receipt this Period **38.46**

B. Jon Monks
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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **07 / 06 / 2012**
Transaction ID : **A2012-1740657**

Amount of Each Receipt this Period **100.00**

C. Jon Monks
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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **07 / 20 / 2012**
Transaction ID : **A2012-1740758**

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **238.46**

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 30 OF 53
	<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. Jon Monks
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 Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : A2012-1740858

Amount of Each Receipt this Period
100.00

B. Jon Monks
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 Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : A2012-1915543

Amount of Each Receipt this Period
100.00

C. Jon Monks
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 Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : A2012-1915640

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 31 OF 53
(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. Jon Monks
 Full Name (Last, First, Middle Initial)
 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. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : A2012-2042739
 Amount of Each Receipt this Period
 100.00

B. Jon Monks
 Full Name (Last, First, Middle Initial)
 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. Administrator
 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
 09 / 28 / 2012
Transaction ID : A2012-2042836
 Amount of Each Receipt this Period
 100.00

C. D. Shane Peck
 Full Name (Last, First, Middle Initial)
 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. Pres Signature Homecare Hospic
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : A2012-1740658
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 32 OF 53
(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"/> 17
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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. D. Shane Peck
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 Pres Signature Homecare Hospic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 20 / 2012
Transaction ID : A2012-1740759
Amount of Each Receipt this Period 100.00

B. D. Shane Peck
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 Pres Signature Homecare Hospic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 03 / 2012
Transaction ID : A2012-1740859
Amount of Each Receipt this Period 100.00

C. D. Shane Peck
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 Pres Signature Homecare Hospic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 17 / 2012
Transaction ID : A2012-1915544
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 33 OF 53
(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"/> 17

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

A. D. Shane Peck
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 Pres Signature Homecare Hospic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 31 / 2012
Transaction ID : A2012-1915641
Amount of Each Receipt this Period 100.00

B. D. Shane Peck
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 Pres Signature Homecare Hospic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 14 / 2012
Transaction ID : A2012-2042740
Amount of Each Receipt this Period 100.00

C. D. Shane Peck
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 Pres Signature Homecare Hospic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2012
Transaction ID : A2012-2042837
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 34 OF 53
(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. Bernard Puckett

Mailing Address 45 Copper Creek

City State Zip Code
 Irvine CA 92603

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

Name of Employer Occupation
 Skilled Healthcare LLC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : A2012-1915645

Amount of Each Receipt this Period
 1250.00

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

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 General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2688.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740665

Amount of Each Receipt this Period
 192.00

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

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 General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : A2012-1740766

Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1634.00

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 35 OF 53
	(check only one)
<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"/>	<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		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : A2012-1740866
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3072.00	

Full Name (Last, First, Middle Initial) B. Roland Rapp		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : A2012-1915551
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3264.00	

Full Name (Last, First, Middle Initial) C. Roland Rapp		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 Transaction ID : A2012-2042650
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3456.00	

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: PAGE 36 OF 53
(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. Roland Rapp

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 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 / 21 / 2012
Transaction ID : A2012-2042747

Amount of Each Receipt this Period
 192.00

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

Mailing Address 27442 Portola Parkway

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 UCLA 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
 08 / 15 / 2012
Transaction ID : A2012-1915647

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Jon Sadayasu

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 VP Finance Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : A2012-1740670

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1212.00

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 37 OF 53
	<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. Jon Sadayasu		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 Transaction ID : A2012-1740771
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 VP Finance Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jon Sadayasu		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : A2012-1740871
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 VP Finance Controller	
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) C. Jon Sadayasu		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : A2012-1915556
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 VP Finance Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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: PAGE 38 OF 53
(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. Jon Sadayasu

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 VP Finance Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : A2012-2042655

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Jon Sadayasu

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 VP Finance Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 09 / 21 / 2012
Transaction ID : A2012-2042752

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Glenn S Schafer

Mailing Address 29 Fresco

City State Zip Code
 Irving CA 92603

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

Name of Employer Occupation
 Skilled Healthcare LLC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 08 / 15 / 2012
Transaction ID : A2012-1915646

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1290.00

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 39 OF 53
(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. Carl Sebern

Mailing Address 27442 Portola Parkway

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC Sr VP Operations Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2012
Transaction ID : A2012-1740636

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Carl Sebern

Mailing Address 27442 Portola Parkway

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC Sr VP Operations Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : A2012-1740737

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Carl Sebern

Mailing Address 27442 Portola Parkway

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC Sr VP Operations Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012
Transaction ID : A2012-1740838

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 40 OF 53
	<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	<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

Full Name (Last, First, Middle Initial) A. Carl Sebern		Date of Receipt MM / DD / YYYY 08 / 17 / 2012 Transaction ID : A2012-191524
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 15.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Sr VP Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Carl Sebern		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : A2012-1915621
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 15.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Sr VP Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Carl Sebern		Date of Receipt MM / DD / YYYY 09 / 14 / 2012 Transaction ID : A2012-2042720
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 15.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Sr VP Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 41 OF 53
	<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. Carl Sebern
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 Skilled Healthcare LLC Occupation Sr VP Operations Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : A2012-2042817

Amount of Each Receipt this Period
15.00

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : A2012-1740674

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 ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : A2012-1740775

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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 42 OF 53
(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. 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 ▼
 400.00

Date of Receipt
 08 / 10 / 2012
Transaction ID : A2012-1740875

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 425.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : A2012-1915560

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 450.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : A2012-2042659

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 43 OF 53
(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
 09 / 21 / 2012
Transaction ID : A2012-2042756

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
 07 / 13 / 2012
Transaction ID : A2012-1740723

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
 07 / 27 / 2012
Transaction ID : A2012-1740824

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: PAGE 44 OF 53
(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. 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 ▼
 560.00

Date of Receipt
 08 / 10 / 2012
Transaction ID : A2012-1740922

Amount of Each Receipt this Period
 35.00

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 ▼
 595.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : A2012-1915607

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 ▼
 630.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : A2012-2042706

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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 46 OF 53
(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. Laurie Thomas

Mailing Address 3106 Montana del Sol

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt **08 / 03 / 2012**
Transaction ID : A2012-1740862

Amount of Each Receipt this Period **192.00**

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

Mailing Address 3106 Montana del Sol

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2688.00**

Date of Receipt **08 / 17 / 2012**
Transaction ID : A2012-1915547

Amount of Each Receipt this Period **192.00**

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

Mailing Address 3106 Montana del Sol

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2880.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : A2012-1915644

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: PAGE 47 OF 53
(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. Laurie Thomas

Mailing Address 3106 Montana del Sol

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3072.00

Date of Receipt
 09 / 14 / 2012
Transaction ID : A2012-2042743

Amount of Each Receipt this Period
 192.00

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

Mailing Address 3106 Montana del Sol

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3264.00

Date of Receipt
 09 / 28 / 2012
Transaction ID : A2012-2042840

Amount of Each Receipt this Period
 192.00

Full Name (Last, First, Middle Initial)
C. Mary Thurber

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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 07 / 06 / 2012
Transaction ID : A2012-1740631

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 404.00

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 48 OF 53
	<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. Mary Thurber
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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
07 / 20 / 2012
Transaction ID : A2012-1740732

Amount of Each Receipt this Period
20.00

B. Mary Thurber
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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
08 / 03 / 2012
Transaction ID : A2012-1740833

Amount of Each Receipt this Period
20.00

C. Mary Thurber
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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
08 / 17 / 2012
Transaction ID : A2012-1915519

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 49 OF 53
	<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. Mary Thurber
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 Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : A2012-1915616

Amount of Each Receipt this Period

20.00

B. Mary Thurber
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 Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : A2012-2042715

Amount of Each Receipt this Period

20.00

C. Mary Thurber
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 Administrator
--	-----------------------------

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
09	/	28	/	2012

Transaction ID : A2012-2042812

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).....▶	11975.62

**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

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. Latham For Congress

Mailing Address PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement
Contribution

011

Candidate Name

Tom Latham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	2

Transaction ID : B433315

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Hoosiers for Richard Mourdock Inc.

Mailing Address 855-1 North High School Road

City Indianapolis State IN Zip Code 46214

Purpose of Disbursement
Contribution

011

Candidate Name

Richard Mourdock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	2

Transaction ID : B433317

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 4201 Northview Drive Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement
Contribution

011

Candidate Name

Steny H Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : B435741

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

**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. Friends of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

011

Candidate Name

Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : B438976

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: VA District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : B430193

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Eric I Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : B427939

Amount of Each Disbursement this Period

-5000.00

Voided: Original check dated 06/19/2012

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

2500.00

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. Ryan For Congress

Mailing Address P.O. Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution

011

Candidate Name

Paul D Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : B433316

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Disbursement this Period

--

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

Amount of Each Disbursement this Period

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

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

2500.00

10000.00

**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. Friends of John Zerwas

Mailing Address P.O. Box 852

City State Zip Code
Fulshear TX 77441

Purpose of Disbursement
G-2012 State House 28 TX

011

Category/
Type

Candidate Name

John Zerwas

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : B430203

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Eddie Lucio

Mailing Address P.O. Box 5958

City State Zip Code
Brownsville TX 78523

Purpose of Disbursement
G-2012 State Senate 27 TX

011

Category/
Type

Candidate Name

Eddie Lucio Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : B435601

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Texans for Rick Perry

Mailing Address P.O. Box 2013 PMB 217

City State Zip Code
Austin TX 78768

Purpose of Disbursement
P-2014 Governor TX

011

Category/
Type

Candidate Name

Rick Perry

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : B437811

Amount of Each Disbursement this Period

1000.00

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

2250.00

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

2250.00