

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 06 / 2012 in the State of CA

5. Covering Period 10 / 01 / 2012 through 11 / 26 / 2012

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

Type or Print Name of Treasurer Jon Sadayasu

Signature of Treasurer Jon Sadayasu [Electronically Filed] Date 12 / 05 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Skilled Healthcare Group Inc. Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="57136.59"/>	<input type="text" value="57136.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63686.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9683.68"/>	<input type="text" value="47483.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="73370.40"/>	<input type="text" value="104620.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="32250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72370.40"/>	<input type="text" value="72370.40"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

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).....	9159.08	38807.10
(ii) Unitemized	524.60	8676.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9683.68	47483.81
(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)	9683.68	47483.81
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))..... ▶	9683.68	47483.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9683.68	47483.81

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.....	1000.00	29500.00
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	0.00	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)) ..	1000.00	32250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	32250.00

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)	9683.68	47483.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9683.68	47483.81
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 44
(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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341092
 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341188
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341285
 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 44
(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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403865

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. William A Crommett

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 ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341031

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. William A Crommett

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 ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341128

Amount of Each Receipt this Period
 40.00

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 9 OF 44
(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 ▼
 880.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341224
 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 ▼
 920.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403805
 Amount of Each Receipt this Period
 40.00

C. Huong Dang
 Full Name (Last, First, Middle Initial)
 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 ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341040
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 10 OF 44
(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 ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341137

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 ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341233

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 ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403814

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**

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FOR LINE NUMBER: PAGE 11 OF 44
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 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341044

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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341141

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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341237

Amount of Each Receipt this Period
 25.00

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

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

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

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

FOR LINE NUMBER: PAGE 12 OF 44
(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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403818

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341036

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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341133

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 13 OF 44
(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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341229

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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403810

Amount of Each Receipt this Period
 25.00

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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341034

Amount of Each Receipt this Period
 20.00

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: PAGE 14 OF 44
(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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341131
 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 ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341227
 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 ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403808
 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 15 OF 44
(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. Robert Green Jr
 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. Director of Application Engine
 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
 10 / 19 / 2012
Transaction ID : A2012-2341187
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Robert Green Jr
 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. Director of Application Engine
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341284
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Robert Green Jr
 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. Director of Application Engine
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403864
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 44
(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. Boyd W Hendrickson
 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 CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341029
 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 State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341126
 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 State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341222
 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 17 OF 44
(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. Boyd W Hendrickson
 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 CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403803
 Amount of Each Receipt this Period
 200.00

B. Wendy Jeans
 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 Clinical Operations
 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
 10 / 19 / 2012
Transaction ID : A2012-2341165
 Amount of Each Receipt this Period
 10.00

C. Wendy Jeans
 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 Clinical Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341261
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
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 44
(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. Michele J Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 24325 Armada Drive
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Director Executive Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341136
 Amount of Each Receipt this Period
 10.00

B. Michele J Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 24325 Armada Drive
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Director Executive Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341232
 Amount of Each Receipt this Period
 10.00

C. Michele J Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 24325 Armada Drive
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Director Executive Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403813
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 44
	<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

Full Name (Last, First, Middle Initial) A. Dorlen Kelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2012 Transaction ID : A2012-2341095
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Dorlen Kelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : A2012-2341191
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 ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Dorlen Kelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012 Transaction ID : A2012-2341288
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 44
	<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. Dorlen Kelly
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. Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2012
Transaction ID : A2012-2403868

Amount of Each Receipt this Period
10.00

B. Lorraine Kozloski
Full Name (Last, First, Middle Initial)

Mailing Address 534 Via Estrada Unit A

City State Zip Code
Laguna Woods CA 92637

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

Name of Employer Occupation
Skilled Healthcare LLC Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 05 / 2012
Transaction ID : A2012-2341038

Amount of Each Receipt this Period
20.00

C. Lorraine Kozloski
Full Name (Last, First, Middle Initial)

Mailing Address 534 Via Estrada Unit A

City State Zip Code
Laguna Woods CA 92637

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

Name of Employer Occupation
Skilled Healthcare LLC Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2012
Transaction ID : A2012-2341135

Amount of Each Receipt this Period
20.00

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: PAGE 21 OF 44
(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 ▼ **440.00**

Date of Receipt
11 / 02 / 2012
Transaction ID : A2012-2341231

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **460.00**

Date of Receipt
11 / 16 / 2012
Transaction ID : A2012-2403812

Amount of Each Receipt this Period
20.00

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 ▼ **500.00**

Date of Receipt
10 / 05 / 2012
Transaction ID : A2012-2341045

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 22 OF 44
(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. Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 96210

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

Name of Employer Occupation
Skilled Healthcare LLC Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 / /
 10 / 19 / 2012
Transaction ID : A2012-2341142

Amount of Each Receipt this Period
25.00

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

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 96210

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

Name of Employer Occupation
Skilled Healthcare LLC Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 / /
 11 / 02 / 2012
Transaction ID : A2012-2341238

Amount of Each Receipt this Period
25.00

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

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 96210

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

Name of Employer Occupation
Skilled Healthcare LLC Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
 / /
 11 / 16 / 2012
Transaction ID : A2012-2403819

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 23 OF 44
(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. 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 ▼
 3846.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341030
 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 ▼
 4038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341127
 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 ▼
 4230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341223
 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 24 OF 44
	(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

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 ▼
4423.13

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2012
Transaction ID : A2012-2403804

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 ▼
769.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2012
Transaction ID : A2012-2341035

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 ▼
807.66

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012
Transaction ID : A2012-2341132

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 25 OF 44
(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. 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 ▼
 846.12

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341228
 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 ▼
 884.58

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403809
 Amount of Each Receipt this Period
 38.46

C. 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 ▼
 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : A2012-2341121
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.92
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 44
(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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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. 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 ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2341217

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 ▼
2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : A2012-2341314

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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : A2012-2403894

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 27 OF 44
(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. Carol D Motal

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 HR LTC Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341076

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Carol D Motal

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 HR LTC Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341269

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Carol D Motal

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 HR LTC Operations

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
 11 / 16 / 2012
Transaction ID : A2012-2403849

Amount of Each Receipt this Period
 10.00

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: PAGE 28 OF 44
(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 ▼ 2100.00

Date of Receipt 10 / 12 / 2012
Transaction ID : A2012-2341122
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 ▼ 2200.00

Date of Receipt 10 / 26 / 2012
Transaction ID : A2012-2341218
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 ▼ 2300.00

Date of Receipt 11 / 09 / 2012
Transaction ID : A2012-2341315
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 29 OF 44
(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

Full Name (Last, First, Middle Initial)
A. D. Shane Peck

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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : A2012-2403895

Amount of Each Receipt this Period
100.00

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

Mailing Address 45 Copper Creek

City Irvine	State CA	Zip Code 92603
----------------	-------------	-------------------

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

Name of Employer Skilled Healthcare LLC	Occupation Director
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2012

Transaction ID : A2012-2358179

Amount of Each Receipt this Period
1250.00

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

Mailing Address 27442 Portola Pkwy #200

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

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

Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2012

Transaction ID : A2012-2341032

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional).....▶	1542.00
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 30 OF 44
(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 ▼
 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341129

Amount of Each Receipt this Period
 192.00

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 ▼
 4224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341225

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 ▼
 4416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403806

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 31 OF 44
(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. Trina Rivera

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. Assistant Administrator

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
 10 / 19 / 2012
Transaction ID : A2012-2341190

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Trina Rivera

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. Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341287

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Trina Rivera

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. Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403867

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 44
(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. Linda Rosenstock
 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
 UCLA Dean
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2358181
 Amount of Each Receipt this Period
 1000.00

B. Jon Sadayasu
 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 VP Finance Controller
 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
 10 / 05 / 2012
Transaction ID : A2012-2341037
 Amount of Each Receipt this Period
 20.00

C. Jon Sadayasu
 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 VP Finance Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341134
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ► 1040.00
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 33 OF 44
	<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. Jon Sadayasu
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 VP Finance Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
11 / 02 / 2012
Transaction ID : **A2012-2341230**

Amount of Each Receipt this Period
20.00

B. Jon Sadayasu
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 VP Finance Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
11 / 16 / 2012
Transaction ID : **A2012-2403811**

Amount of Each Receipt this Period
20.00

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

Mailing Address 29 Fresco

City Irving State CA Zip Code 92603

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

Name of Employer Skilled Healthcare LLC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt
10 / 05 / 2012
Transaction ID : **A2012-2358180**

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: (check only one)	PAGE 34 OF 44
	<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. Deana Schoenbein
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 Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 19 / 2012
Transaction ID : A2012-2341189

Amount of Each Receipt this Period
10.00

B. Deana Schoenbein
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 Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
11 / 02 / 2012
Transaction ID : A2012-2341286

Amount of Each Receipt this Period
10.00

C. Deana Schoenbein
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 Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
11 / 16 / 2012
Transaction ID : A2012-2403866

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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 35 OF 44
	<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. Carl Sebern		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2012 Transaction ID : A2012-2341102
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 ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Carl Sebern		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2341198
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 ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Carl Sebern		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2341295
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 ▼ 345.00	

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: PAGE 36 OF 44
(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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2403875

Amount of Each Receipt this Period
 15.00

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341041

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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : A2012-2341138

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 37 OF 44
(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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : A2012-2341234

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 ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403815

Amount of Each Receipt this Period
 25.00

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 ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : A2012-2341088

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00

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 44
(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		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>19</td> <td>/</td> <td>2012</td> </tr> </table> Transaction ID : A2012-2341184	M M M	/	D D D	/	Y Y Y Y Y	10	/	19	/	2012
M M M	/	D D D	/	Y Y Y Y Y								
10	/	19	/	2012								
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period <table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00									
35.00												
City Foothill Ranch	State CA	Zip Code 92610										
FEC ID number of contributing federal political committee. C												
Name of Employer Skilled Healthcare LLC	Occupation VPO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>735.00</td> </tr> </table>	735.00										
735.00												

Full Name (Last, First, Middle Initial) B. Peter Stong		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>02</td> <td>/</td> <td>2012</td> </tr> </table> Transaction ID : A2012-2341281	M M M	/	D D D	/	Y Y Y Y Y	11	/	02	/	2012
M M M	/	D D D	/	Y Y Y Y Y								
11	/	02	/	2012								
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period <table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00									
35.00												
City Foothill Ranch	State CA	Zip Code 92610										
FEC ID number of contributing federal political committee. C												
Name of Employer Skilled Healthcare LLC	Occupation VPO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>770.00</td> </tr> </table>	770.00										
770.00												

Full Name (Last, First, Middle Initial) C. Peter Stong		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>16</td> <td>/</td> <td>2012</td> </tr> </table> Transaction ID : A2012-2403861	M M M	/	D D D	/	Y Y Y Y Y	11	/	16	/	2012
M M M	/	D D D	/	Y Y Y Y Y								
11	/	16	/	2012								
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period <table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00									
35.00												
City Foothill Ranch	State CA	Zip Code 92610										
FEC ID number of contributing federal political committee. C												
Name of Employer Skilled Healthcare LLC	Occupation VPO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>805.00</td> </tr> </table>	805.00										
805.00												

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>105.00</td> </tr> </table>	105.00
105.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 44
(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. Sue Suder

Mailing Address 27644 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 Administrator

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
 10 / 12 / 2012
Transaction ID : A2012-2341107

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Sue Suder

Mailing Address 27644 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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2341203

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Sue Suder

Mailing Address 27644 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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2341300

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 44
	<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. Sue Suder
Full Name (Last, First, Middle Initial)

Mailing Address 27644 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	Administrator

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
11	/	23	/	2012

Transaction ID : A2012-2403880

Amount of Each Receipt this Period
10.00

B. Kim Sumner
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	Regional Financial Coordinator

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
10	/	19	/	2012

Transaction ID : A2012-2341164

Amount of Each Receipt this Period
10.00

C. Kim Sumner
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	Regional Financial Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

Transaction ID : A2012-2341260

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 41 OF 44
(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. Kim Sumner
 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 Regional Financial Coordinator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : A2012-2403841
 Amount of Each Receipt this Period
 100.00

B. Laurie Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 3106 Montana del Sol
 City State Zip Code
 San Clemente CA 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3456.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : A2012-2341125
 Amount of Each Receipt this Period
 192.00

C. Laurie Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 3106 Montana del Sol
 City State Zip Code
 San Clemente CA 92673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare Group Inc. COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3648.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2341221
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 394.00
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 44
(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 ▼
 3840.00

Date of Receipt
 11 / 09 / 2012
Transaction ID : A2012-2341318

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 ▼
 4032.00

Date of Receipt
 11 / 23 / 2012
Transaction ID : A2012-2403898

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 ▼
 420.00

Date of Receipt
 10 / 12 / 2012
Transaction ID : A2012-2341097

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: PAGE 43 OF 44
(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. Mary Thurber

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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2341193

Amount of Each Receipt this Period
 20.00

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

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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2341290

Amount of Each Receipt this Period
 20.00

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

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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2403870

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).....▶	9159.08

**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. 21st Century Majority Fund

Mailing Address 6065 Roswell Road #2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

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

State: GA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : B441635

Amount of Each Disbursement this Period

1000.00

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00