

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)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of CA

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

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

Type or Print Name of Treasurer Pat Ikerd

Signature of Treasurer Pat Ikerd [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Skilled Healthcare Group Inc. Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		68753.66
(b) Cash on Hand at Beginning of Reporting Period.....	46043.16	
(c) Total Receipts (from Line 19)	2943.60	29833.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48986.76	98586.76
7. Total Disbursements (from Line 31).....	2500.00	52100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46486.76	46486.76
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

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).....	2586.00	18883.00
(ii) Unitemized	357.60	5950.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2943.60	24833.10
(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)	2943.60	24833.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2943.60	29833.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2943.60	29833.10

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.....	2500.00	38100.00
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	14000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	52100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	52100.00

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)	2943.60	24833.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2943.60	24833.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<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. Della Alexander		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 Transaction ID : A2014-2173796
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Della Alexander		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014 Transaction ID : A2014-2357110
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Della Alexander		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : A2014-2402292
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<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. Della Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : A2014-2526368

Amount of Each Receipt this Period

30.00

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

Mailing Address 2909 West Willits

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
--	---------------------------------

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
10	/	03	/	2014

Transaction ID : A2014-2173766

Amount of Each Receipt this Period

30.00

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

Mailing Address 2909 West Willits

City Santa Ana	State CA	Zip Code 92704
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FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation 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	/	17	/	2014

Transaction ID : A2014-2357081

Amount of Each Receipt this Period

30.00

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 9 OF 28
(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 ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402263

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 ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A2014-2526341

Amount of Each Receipt this Period
 30.00

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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2173763

Amount of Each Receipt this Period
 25.00

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 10 OF 28
(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 ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : A2014-2357078

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 ▼
550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : A2014-2402260

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 ▼
575.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : A2014-2526338

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
<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. Robert Green Jr
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 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	/	17	/	2014

Transaction ID : A2014-2357109

Amount of Each Receipt this Period

10.00

B. Robert Green Jr
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 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
10	/	31	/	2014

Transaction ID : A2014-2402291

Amount of Each Receipt this Period

10.00

C. Robert Green Jr
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 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	/	14	/	2014

Transaction ID : A2014-2526367

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 12 OF 28
(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. Wendy Jeans
 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 / 10 / 2014
Transaction ID : A2014-2357055
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Wendy Jeans
 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
 10 / 24 / 2014
Transaction ID : A2014-2402237
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Wendy Jeans
 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 ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : A2014-2526316
 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 13 OF 28
(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. Wendy Jeans
 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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : A2014-2528711
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Michele J Kaufman
 Mailing Address 24325 Armada Drive
 City State Zip Code
 Dana Point CA 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC 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
 10 / 17 / 2014
Transaction ID : A2014-2357080
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Michele J Kaufman
 Mailing Address 24325 Armada Drive
 City State Zip Code
 Dana Point CA 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Skilled Healthcare LLC 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
 10 / 31 / 2014
Transaction ID : A2014-2402262
 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 14 OF 28
(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. 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 11 / 14 / 2014
Transaction ID : A2014-2526340
 Amount of Each Receipt this Period 100.00

B. Lorraine Kozloski
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Via Estrada Unit A
 City Laguna Woods State CA Zip Code 92637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 03 / 2014
Transaction ID : A2014-2173764
 Amount of Each Receipt this Period 20.00

C. Lorraine Kozloski
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Via Estrada Unit A
 City Laguna Woods State CA Zip Code 92637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2014
Transaction ID : A2014-2357079
 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 15 OF 28
(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
10 / 31 / 2014
Transaction ID : A2014-2402261

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 / 14 / 2014
Transaction ID : A2014-2526339

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 / 03 / 2014
Transaction ID : A2014-2173769

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 16 OF 28
(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
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : A2014-2357084

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402266

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
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A2014-2526344

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 28
(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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : A2014-2357100

Amount of Each Receipt this Period
 10.00

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 ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402282

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 ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A2014-2526358

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 18 OF 28
(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. 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 ▼
 3840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2173761

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 ▼
 4032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : A2014-2357076

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 ▼
 4224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402258

Amount of Each Receipt this Period
 192.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
	<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. Roland Rapp		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2014 Transaction ID : A2014-2526336
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 ▼ 4416.00	

Full Name (Last, First, Middle Initial) B. Trina Rivera		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014 Transaction ID : A2014-2357112
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 Assistant Administrator	
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) C. Trina Rivera		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 Transaction ID : A2014-2402294
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 Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	212.00
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 20 OF 28
(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 ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A2014-2526370

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Deana Schoenbein

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. Executive Director

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 / 17 / 2014
Transaction ID : A2014-2357111

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Deana Schoenbein

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. Executive Director

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 / 31 / 2014
Transaction ID : A2014-2402293

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 21 OF 28
<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : A2014-2526369

Amount of Each Receipt this Period

60.00

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

Transaction ID : A2014-2173767

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 ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : A2014-2357082

Amount of Each Receipt this Period

25.00

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

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

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FOR LINE NUMBER: PAGE 22 OF 28
(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
 10 / 31 / 2014
Transaction ID : A2014-2402264

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 / 14 / 2014
Transaction ID : A2014-2526342

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 / 03 / 2014
Transaction ID : A2014-2173792

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 23 OF 28
(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. 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 ▼
 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : A2014-2357106
 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 ▼
 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402288
 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 ▼
 805.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A2014-2526364
 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: (check only one)	PAGE 24 OF 28
<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. Sue Suder
Full Name (Last, First, Middle Initial)

Mailing Address 27644 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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : A2014-2357063

Amount of Each Receipt this Period
10.00

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

Mailing Address 27644 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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : A2014-2402245

Amount of Each Receipt this Period
10.00

C. Kim Sumner
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 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	/	17	/	2014

Transaction ID : A2014-2357097

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 25 OF 28
(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. Kim Sumner

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 / D D / Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402279

Amount of Each Receipt this Period
 10.00

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

Mailing Address 3106 Montana del Sol

City State Zip Code
 San Clemente CA 92673

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

Name of Employer Occupation
 Skilled Healthcare Group Inc. COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3840.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : A2014-2173799

Amount of Each Receipt this Period
 192.00

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

Mailing Address 3106 Montana del Sol

City State Zip Code
 San Clemente CA 92673

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

Name of Employer Occupation
 Skilled Healthcare Group Inc. COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4032.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : A2014-2357113

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 26 OF 28
(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 ▼
 4224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A2014-2402295

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 ▼
 4416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : A2014-2526371

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : A2014-2357052

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 27 OF 28
	<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. Mary Thurber		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014 Transaction ID : A2014-2402234
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Mary Thurber		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2014 Transaction ID : A2014-2526313
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Mary Thurber		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014 Transaction ID : A2014-2528708
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 20.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	2586.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moran for Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Jerry Moran

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2014

Transaction ID : B539684

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

2500.00
