

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** C00442426
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

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 Quarterly 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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 Electronically Filed by Jon Sadayasu Date 01 18 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		58279.42
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	76903.90									
(c) Total Receipts (from Line 19)	14812.33	41962.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91716.23	100242.23								
7. Total Disbursements (from Line 31)	2000.00	10526.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89716.23	89716.23								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
 Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14159.38	31246.66
(ii) Unitemized	652.95	10616.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14812.33	41862.81
(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)	14812.33	41862.81
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	100.00
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 Transfer (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))	14812.33	41962.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14812.33	41962.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	2000.00	10026.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	2000.00	10526.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	10526.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	14812.33	41862.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14812.33	41862.81
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

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

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

FOR LINE NUMBER: PAGE 6 / 34
(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. Full Name (Last, First, Middle Initial)
Kelly Atkins

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 Skilled Healthcare LLC Occupation Area President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt M M / D D / Y Y Y Y
12 / 03 / 2010

Transaction ID: A2010-3377135

Amount of Each Receipt this Period 36.00

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

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 Skilled Healthcare LLC Occupation Area President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt M M / D D / Y Y Y Y
12 / 17 / 2010

Transaction ID: A2010-3377480

Amount of Each Receipt this Period 36.00

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

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 Skilled Healthcare LLC Occupation Area President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: A2010-3377392

Amount of Each Receipt this Period 36.00

SUBTOTAL of Receipts This Page (optional) 108.00

TOTAL This Period (last page this line number only)

A. 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.

**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 / 34
	<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.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt MM / DD / YYYY 11 / 26 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3282718		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	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 ▼ 850.00			

B.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377235		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	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 ▼ 900.00			

C.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt MM / DD / YYYY 12 / 24 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377364		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	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 ▼ 950.00			

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 / 34
(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.

Full Name (Last, First, Middle Initial) Michael Boxer		Date of Receipt MM / DD / YYYY 12 / 20 / 2010
Mailing Address 29 Ball Mill Place		Transaction ID: A2010-3362912
City Atlanta	State GA	Zip Code 30350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Skilled Healthcare LLC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) William A Crommett		Date of Receipt MM / DD / YYYY 12 / 03 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377132
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

C.

Full Name (Last, First, Middle Initial) William A Crommett		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377477
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2580.00
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 / 34
(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.

Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: A2010-3377389

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377143

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377488

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 / 34		
	<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

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

A.	Full Name (Last, First, Middle Initial) Huong Dang		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 2909 West Willits		Transaction ID: A2010-3377400		
	City Santa Ana	State CA	Zip Code 92704	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

B.	Full Name (Last, First, Middle Initial) Kelly Delk		Date of Receipt MM / DD / YYYY 12 / 03 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377145		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Area President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Kelly Delk		Date of Receipt MM / DD / YYYY 12 / 17 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377490		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Area President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00			

SUBTOTAL of Receipts This Page (optional)	▶	80.00
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 12 / 34
	<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.	Full Name (Last, First, Middle Initial) Kelly Delk		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377402		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Area President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt MM / DD / YYYY 12 / 03 / 2010		
	Mailing Address 27442 Portola Parkway		Transaction ID: A2010-3377148		
	City Foothill Ranch	State CA	Zip Code 96210	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt MM / DD / YYYY 12 / 17 / 2010		
	Mailing Address 27442 Portola Parkway		Transaction ID: A2010-3377493		
	City Foothill Ranch	State CA	Zip Code 96210	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

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 / 34
(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. Full Name (Last, First, Middle Initial)
Robert Fancy

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Rnch CA 96210

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

Name of Employer Skilled Healthcare LLC Occupation VP Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: A2010-3377405
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 03 / 2010
Transaction ID: A2010-3377139
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 12 / 17 / 2010
Transaction ID: A2010-3377484
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 34
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Christopher Felfe		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skilled Healthcare LLC		Occupation CAO	Transaction ID: A2010-3377396
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="650.00"/>	<input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) Denise German		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skilled Healthcare LLC		Occupation VPO	Transaction ID: A2010-3377136
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="480.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Denise German		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skilled Healthcare LLC		Occupation VPO	Transaction ID: A2010-3377481
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="65.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 34
(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. Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation VPO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: A2010-3377393

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Devasis Ghose

Mailing Address 36 Vernon

City State Zip Code
Newport Coast CA 92657

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

Name of Employer Skilled Healthcare LLC Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: A2010-3296407

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Jeanette Haskins

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 Skilled Healthcare LLC Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377209

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **1535.00**

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 / 34
(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.

Full Name (Last, First, Middle Initial)
Jeanette Haskins

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 Skilled Healthcare LLC Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377554

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Jeanette Haskins

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 Skilled Healthcare LLC Occupation Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: A2010-3377464

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Boyd W Hendrickson

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 Skilled Healthcare LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377131

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **230.00**

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 / 34
(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.

Full Name (Last, First, Middle Initial) Boyd W Hendrickson		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377476
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) John Ikerd		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-3377496
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Skilled Healthcare LLC	Occupation Assistant Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) John Ikerd		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-3377408
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Skilled Healthcare LLC	Occupation Assistant Controller	
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)	▶	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 / 34
(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.

Full Name (Last, First, Middle Initial) Michele J Kaufman		Date of Receipt MM / DD / YYYY 12 / 03 / 2010
Mailing Address 24325 Armada Drive		Transaction ID: A2010-3377142
City Dana Point	State CA	Zip Code 92629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Skilled Healthcare LLC	Occupation Director Executive Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Michele J Kaufman		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 24325 Armada Drive		Transaction ID: A2010-3377487
City Dana Point	State CA	Zip Code 92629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Skilled Healthcare LLC	Occupation Director Executive Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Michele J Kaufman		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 24325 Armada Drive		Transaction ID: A2010-3377399
City Dana Point	State CA	Zip Code 92629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Skilled Healthcare LLC	Occupation Director Executive Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 19 / 34
(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. Full Name (Last, First, Middle Initial)
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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377141

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377486

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: A2010-3377398

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 34
	<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.	Full Name (Last, First, Middle Initial) Zachary Larson	Date of Receipt MM / DD / YYYY 12 / 03 / 2010
	Mailing Address 27442 Portola Parkway	Transaction ID: A2010-3377149
	City State Zip Code Foothill Ranch CA 96210	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Zachary Larson	Date of Receipt MM / DD / YYYY 12 / 17 / 2010
	Mailing Address 27442 Portola Parkway	Transaction ID: A2010-3377494
	City State Zip Code Foothill Ranch CA 96210	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

C.	Full Name (Last, First, Middle Initial) Zachary Larson	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 27442 Portola Parkway	Transaction ID: A2010-3377406
	City State Zip Code Foothill Ranch CA 96210	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skilled Healthcare LLC Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

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 21 / 34
	<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.	Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-3377137
Name of Employer Skilled Healthcare LLC		Occupation SVP Director of Tax	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="923.04"/>	<input type="text" value="38.46"/>

B.	Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-3377482
Name of Employer Skilled Healthcare LLC		Occupation SVP Director of Tax	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="961.50"/>	<input type="text" value="38.46"/>

C.	Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-3377394
Name of Employer Skilled Healthcare LLC		Occupation SVP Director of Tax	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="999.96"/>	<input type="text" value="38.46"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="115.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 34
(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.

Full Name (Last, First, Middle Initial)
Richard Mainville

Mailing Address PO Box 248

City State Zip Code
Silverado CA 92676

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

Name of Employer Skilled Healthcare LLC Occupation Cash Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377144

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Richard Mainville

Mailing Address PO Box 248

City State Zip Code
Silverado CA 92676

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

Name of Employer Skilled Healthcare LLC Occupation Cash Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377489

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Richard Mainville

Mailing Address PO Box 248

City State Zip Code
Silverado CA 92676

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

Name of Employer Skilled Healthcare LLC Occupation Cash Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: A2010-3377401

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 23 / 34
	<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.	Full Name (Last, First, Middle Initial) Jimmy Melton		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: A2010-3377199
Name of Employer Skilled Healthcare LLC		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Jimmy Melton		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: A2010-3377544
Name of Employer Skilled Healthcare LLC		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Jimmy Melton		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: A2010-3377454
Name of Employer Skilled Healthcare LLC		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 34
(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. Full Name (Last, First, Middle Initial)
Donna Miller

Mailing Address 1501 S. Beach Blvd #K-1007

City State Zip Code
La Habra CA 90631

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

Name of Employer Skilled Healthcare LLC Occupation Director Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	1	0

Transaction ID: A2010-3282707

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Donna Miller

Mailing Address 1501 S. Beach Blvd #K-1007

City State Zip Code
La Habra CA 90631

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

Name of Employer Skilled Healthcare LLC Occupation Director Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: A2010-3377224

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Donna Miller

Mailing Address 1501 S. Beach Blvd #K-1007

City State Zip Code
La Habra CA 90631

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

Name of Employer Skilled Healthcare LLC Occupation Director Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: A2010-3377353

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 / 34

(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.

Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377133

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

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 ▼ 4608.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377478

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

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 ▼ 4800.00

Date of Receipt

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

Transaction ID: A2010-3377390

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 26 / 34
(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.

Full Name (Last, First, Middle Initial) Scott C Robinson		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
Mailing Address 717 W. Balboa Blvd.		Transaction ID: A2010-3282708
City Balboa	State CA	Zip Code 92661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Skilled Healthcare LLC	Occupation President Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Scott C Robinson		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 717 W. Balboa Blvd.		Transaction ID: A2010-3377225
City Balboa	State CA	Zip Code 92661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Skilled Healthcare LLC	Occupation President Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.

Full Name (Last, First, Middle Initial) Scott C Robinson		Date of Receipt MM / DD / YYYY 12 / 24 / 2010
Mailing Address 717 W. Balboa Blvd.		Transaction ID: A2010-3377354
City Balboa	State CA	Zip Code 92661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Skilled Healthcare LLC	Occupation President Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 34
	<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.	Full Name (Last, First, Middle Initial) Linda Rosenstock		Date of Receipt MM / DD / YYYY 12 / 24 / 2010		
	Mailing Address 27442 Portola Parkway		Transaction ID: A2010-3312546		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt MM / DD / YYYY 12 / 03 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377140		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VP Finance Controller			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00			

C.	Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt MM / DD / YYYY 12 / 17 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-3377485		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VP Finance Controller			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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: PAGE 28 / 34

(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.

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

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

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

Name of Employer Occupation
Skilled Healthcare LLC VP Finance Controller

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: A2010-3377397

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Aisha Salaam

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 Professional Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: A2010-3377134

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Aisha Salaam

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 Professional Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377479

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 34
(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. Full Name (Last, First, Middle Initial)
Aisha Salaam
Mailing Address 27442 Portola Pkwy #200
City Foothill Ranch State CA Zip Code 92610
FEC ID number of contributing federal political committee. **C**
Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 12 / 31 / 2010
Transaction ID: A2010-3377391
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
William Scott
Mailing Address 12612 Promontory Road
City Los Angeles State CA Zip Code 90049
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 ▼ 5000.00
Date of Receipt 12 / 20 / 2010
Transaction ID: A2010-3362913
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Carl Sebern
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 Sr VP Operations Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00
Date of Receipt 11 / 26 / 2010
Transaction ID: A2010-3282713
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 5065.00
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 / 34
(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. Full Name (Last, First, Middle Initial)
Carl Sebern
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 Skilled Healthcare LLC Occupation Sr VP Operations Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 12 / 10 / 2010
Transaction ID: A2010-3377230
Amount of Each Receipt this Period 15.00

B. Full Name (Last, First, Middle Initial)
Carl Sebern
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 Skilled Healthcare LLC Occupation Sr VP Operations Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt 12 / 24 / 2010
Transaction ID: A2010-3377359
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
Michael Stephens
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 Skilled Healthcare LLC Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 16 / 2010
Transaction ID: A2010-3303613
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1030.00
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 / 34
(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. Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: A2010-3377217

Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 1 0

Transaction ID: A2010-3377562

Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: A2010-3377472

Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 34
(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.

Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 1 0

Transaction ID: A2010-3282705

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: A2010-3377222

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
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 Skilled Healthcare LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 1 0

Transaction ID: A2010-3377351

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 33 / 34	
	(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"/> 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.	Full Name (Last, First, Middle Initial) Susan Whittle		Date of Receipt	
	Mailing Address 27442 Portola Parkway Suite 200		M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A2010-3312545
	Foothill Ranch	CA	92610	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer Skilled Healthcare LLC		Occupation Chief Compliance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	14159.38

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Susan King</p> <p>Mailing Address P.O. Box 2693</p> <p>City Abilene State TX Zip Code 79604</p> <p>Purpose of Disbursement P-2012 State House 71 TX</p> <p>Candidate Name Susan L King</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B373440 Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Senatory Judith Zaffirini Campaign</p> <p>Mailing Address 1407 Washington Street</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement P-2012 State Senate 21 TX</p> <p>Candidate Name Judith Zaffirini</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B373441 Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) John Kuempel Campaign</p> <p>Mailing Address 523 E Donegan Suite 201</p> <p>City Seguin State TX Zip Code 78155</p> <p>Purpose of Disbursement G-2010 State House 44 TX</p> <p>Candidate Name John Kuempel</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B375112 Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00