

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)

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 (12G)
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 01 01 2010 through 03 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 04 14 2010

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

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	58279.42									
(c) Total Receipts (from Line 19)	6588.76	6588.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64868.18	64868.18								
7. Total Disbursements (from Line 31)	2000.00	2000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62868.18	62868.18								
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	3012.46	3012.46
(ii) Unitemized	3476.30	3476.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6488.76	6488.76
(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)	6488.76	6488.76
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	100.00	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))	6588.76	6588.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6588.76	6588.76

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	0.00
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	2000.00
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	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	2000.00

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	6488.76	6488.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6488.76	6488.76
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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Della Alexander	Date of Receipt MM / DD / YYYY 03 / 09 / 2010
	Mailing Address 10 West 15th Street	Transaction ID: A2010-410394
	City State Zip Code Rover Lee TX 76945	Amount of Each Receipt this Period 650.00
	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 ▼ 650.00

B.	Full Name (Last, First, Middle Initial) Kelly Atkins	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 27442 Portola Pkwy #200	Transaction ID: A2010-781138
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southwest Payroll Services LLC Occupation SVP Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00

C.	Full Name (Last, First, Middle Initial) William A Crommett	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 27442 Portola Pkwy #200	Transaction ID: A2010-781135
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southwest Payroll Services LLC Occupation CIOSVP IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional)	726.00
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: PAGE 8 / 13
(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

<p>A. Full Name (Last, First, Middle Initial) Kelly Gill</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Southwest Payroll Services LLC Occupation: President Ancillary Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>	<p>Date of Receipt 03 / 05 / 2010</p> <p>Transaction ID: A2010-404045</p> <p>Amount of Each Receipt this Period 190.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Kelly Gill</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Southwest Payroll Services LLC Occupation: President Ancillary Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>	<p>Date of Receipt 03 / 19 / 2010</p> <p>Transaction ID: A2010-781132</p> <p>Amount of Each Receipt this Period 190.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Boyd W Hendrickson</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Skilled Healthcare Group Inc. Occupation: CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 01 / 29 / 2010</p> <p>Transaction ID: A2010-281996</p> <p>Amount of Each Receipt this Period 200.00</p>
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SUBTOTAL of Receipts This Page (optional)	580.00
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 / 13
(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

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 Group Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: A2010-282015

Amount of Each Receipt this Period
200.00

B.

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 Group Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: A2010-404020

Amount of Each Receipt this Period
200.00

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 Group Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: A2010-781102

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 13
(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

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 Group Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2010

Transaction ID: A2010-781134

Amount of Each Receipt this Period
200.00

B.

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

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 Southwest Payroll Services LLC Occupation SVP Director of Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2010

Transaction ID: A2010-781141

Amount of Each Receipt this Period
38.46

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 Southwest Payroll Services LLC Occupation General Counsel/CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 29 / 2010

Transaction ID: A2010-281998

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional) ► **430.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 13
(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 Southwest Payroll Services LLC
Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: A2010-282017

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 Southwest Payroll Services LLC
Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: A2010-404022

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 Southwest Payroll Services LLC
Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: A2010-781136

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 12 / 13
	(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) Aisha Salaam		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-781104
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Southwest Payroll Services LLC	Occupation SVP Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 03 / 26 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-781137
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Southwest Payroll Services LLC	Occupation SVP Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	3012.46

**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)

PAGE 13 / 13

<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

A. Full Name (Last, First, Middle Initial) Texans for Rick Perry Mailing Address P.O. Box 2013 PMB 217 City Austin State TX Zip Code 78768 Purpose of Disbursement P-2010 Governor TX Candidate Name Rick Perry Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B313677 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Friends of Bob Duell Mailing Address PO Box 8609 City Greenville State TX Zip Code 75404 Purpose of Disbursement G-2010 State Senate 02 TX Candidate Name Bob Duell Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B316865 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00