

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Skilled Healthcare Group Inc. Political Action Committee

ADDRESS (number and street) 27442 Portola Parkway Suite 200

Check if different than previously reported. (ACC)

Foothill Ranch CA 92610

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00442426

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 02 / 13 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Pat Ikerd

Signature of Treasurer Pat Ikerd [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2014

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Skilled Healthcare Group Inc. Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		68753.66
(b) Cash on Hand at Beginning of Reporting Period.....	68671.61	
(c) Total Receipts (from Line 19)	7451.60	9869.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76123.21	78623.21
7. Total Disbursements (from Line 31).....	16000.00	18500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60123.21	60123.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Skilled Healthcare Group Inc. Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1187.00	1955.00
(ii) Unitemized	1264.60	2914.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2451.60	4869.55
(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)	2451.60	4869.55
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7451.60	9869.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7451.60	9869.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	18000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16000.00	18500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	18500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2451.60	4869.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2451.60	4869.55
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 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : A2014-318202

Amount of Each Receipt this Period
 192.00

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

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : A2014-491015

Amount of Each Receipt this Period
 192.00

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

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : A2014-528419

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)..... ▶

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Peter Stong

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
 Foothill Ranch CA 92610

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

Name of Employer Occupation
 Skilled Healthcare LLC VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : A2014-528455

Amount of Each Receipt this Period
 35.00

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

Mailing Address 3106 Montana del Sol

City State Zip Code
 San Clemente CA 92673

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

Name of Employer Occupation
 Skilled Healthcare Group Inc. COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : A2014-318245

Amount of Each Receipt this Period
 192.00

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

Mailing Address 3106 Montana del Sol

City State Zip Code
 San Clemente CA 92673

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

Name of Employer Occupation
 Skilled Healthcare Group Inc. COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : A2014-491058

Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 419.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Mailing Address 3106 Montana del Sol

City San Clemente State CA Zip Code 92673

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

Name of Employer Skilled Healthcare Group Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : A2014-528462

Amount of Each Receipt this Period
 192.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	1187.00

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

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

FOR LINE NUMBER: PAGE 10 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Every Republican Is Crucial (ERICPAC)
 Mailing Address 25 East Main Street Suite 200
 City Richmond State VA Zip Code 23219
 FEC ID number of contributing federal political committee. **C** C00384701
 Name of Employer Occupation
 Receipt For: 2013
 Primary General
 Other (specify) ▼ Not Applicable
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : A2014-10743
 Amount of Each Receipt this Period
 5000.00
 Refund of contribution written on 11/12/2013
 Refund of contribution written 11/12/2013

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011

Candidate Name

Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : B487504

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

011

Candidate Name

Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : B489381

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : B487311

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Skilled Healthcare Group Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : B488845

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

16000.00