

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
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 101 EAST STATE STREET
 Check if different than previously reported. (ACC)
KENNETT SQUARE PA 19348

2. **FEC IDENTIFICATION NUMBER** C00292094
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 04 01 2006 through 06 30 2006

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 LANE, LAURENCE F.
Signature of Treasurer Electronically Filed by LANE, LAURENCE F. Date 07 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		127748.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	138585.37									
(c) Total Receipts (from Line 19)	50656.38	82691.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	189241.75	210440.57								
7. Total Disbursements (from Line 31)	68013.71	89212.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121228.04	121228.04								
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

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	34976.24	43856.43
(i) Itemized (use Schedule A)	13985.69	35788.00
(ii) Unitemized	48961.93	79644.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	48961.93	79644.43
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1694.45	3047.41
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))	50656.38	82691.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50656.38	82691.84

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) 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.....	898.47	1797.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	898.47	1797.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56615.24	71615.24
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.....	10500.00	15800.00
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))..	68013.71	89212.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	68013.71	89212.53

DETAILED SUMMARY PAGE
of Disbursements

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)	48961.93	79644.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48961.93	79644.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	898.47	1797.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	898.47	1797.29

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HARRY H ALBERTS		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 213 WITTSHIRE DRIVE		Transaction ID: SA11A1.25262	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 24.43	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-INTERNAL AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.87	

Full Name (Last, First, Middle Initial) B. HARRY H ALBERTS		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 213 WITTSHIRE DRIVE		Transaction ID: SA11A1.25263	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 24.43	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-INTERNAL AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 244.30	

Full Name (Last, First, Middle Initial) C. HARRY H ALBERTS		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 213 WITTSHIRE DRIVE		Transaction ID: SA11A1.25264	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 24.43	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-INTERNAL AUDIT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.73	

SUBTOTAL of Receipts This Page (optional) ▶	73.29
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
HARRY H ALBERTS

Mailing Address 213 WITTSHIRE DRIVE

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VICE PRESIDENT-INTERNAL AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.16

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25265

Amount of Each Receipt this Period
24.43

B. Full Name (Last, First, Middle Initial)
HARRY H ALBERTS

Mailing Address 213 WITTSHIRE DRIVE

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VICE PRESIDENT-INTERNAL AUDIT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 317.59

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25266

Amount of Each Receipt this Period
24.43

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

Mailing Address 811 GRANTLEY COURT

City State Zip Code
YORK PA 17403

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. PRESIDENT-DIVISIONAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.25267

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	123.86
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DAVID C ALMQUIST		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 811 GRANTLEY COURT		Transaction ID: SA11A1.25268	
City YORK	State PA	Zip Code 17403	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. DAVID C ALMQUIST		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 811 GRANTLEY COURT		Transaction ID: SA11A1.25269	
City YORK	State PA	Zip Code 17403	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) C. DAVID C ALMQUIST		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 811 GRANTLEY COURT		Transaction ID: SA11A1.25270	
City YORK	State PA	Zip Code 17403	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City State Zip Code
YORK PA 17403

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. PRESIDENT-DIVISIONAL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.25271

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City State Zip Code
YORK PA 17403

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. PRESIDENT-DIVISIONAL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25272

Amount of Each Receipt this Period
75.00

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

Mailing Address 811 GRANTLEY COURT

City State Zip Code
YORK PA 17403

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. PRESIDENT-DIVISIONAL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25273

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SUSAN ANSHEN

Mailing Address 12135 GRAY STAR WAY

City State Zip Code
COLUMBIA MD 21044

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VICE PRESIDENT-CLINICAL SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.25284

Amount of Each Receipt this Period
20.00

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

Mailing Address 12135 GRAY STAR WAY

City State Zip Code
COLUMBIA MD 21044

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VICE PRESIDENT-CLINICAL SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25285

Amount of Each Receipt this Period
20.00

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

Mailing Address 12135 GRAY STAR WAY

City State Zip Code
COLUMBIA MD 21044

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VICE PRESIDENT-CLINICAL SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25286

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL BACH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.25294
City State Zip Code BALDWIN MD 21013	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

Full Name (Last, First, Middle Initial) B. PAUL BACH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.25295
City State Zip Code BALDWIN MD 21013	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. PAUL BACH		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.25296
City State Zip Code BALDWIN MD 21013	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL BACH		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.25297
City State Zip Code BALDWIN MD 21013	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. PAUL BACH		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.25298
City State Zip Code BALDWIN MD 21013	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00	

Full Name (Last, First, Middle Initial) C. PAUL BACH		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.25299
City State Zip Code BALDWIN MD 21013	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	525.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
BALDWIN MD 21013

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2275.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25300

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
SONIA BAILEY-GIBSON

Mailing Address 123 COBBLESTONE CIRCLE

City State Zip Code
MORGANTOWN WV 26505

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.25301

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
SONIA BAILEY-GIBSON

Mailing Address 123 COBBLESTONE CIRCLE

City State Zip Code
MORGANTOWN WV 26505

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.25302

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SONIA BAILEY-GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 123 COBBLESTONE CIRCLE		Transaction ID: SA11A1.25303
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. SONIA BAILEY-GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 123 COBBLESTONE CIRCLE		Transaction ID: SA11A1.25304
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. SONIA BAILEY-GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 123 COBBLESTONE CIRCLE		Transaction ID: SA11A1.25305
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
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)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SONIA BAILEY-GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 123 COBBLESTONE CIRCLE		Transaction ID: SA11A1.25306
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. SONIA BAILEY-GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 123 COBBLESTONE CIRCLE		Transaction ID: SA11A1.25307
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25308
City	State	Zip Code
EAST BRIDGEWATER	MA	02333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25309	
City State Zip Code EAST BRIDGEWATER MA 02333		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25310	
City State Zip Code EAST BRIDGEWATER MA 02333		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25311	
City State Zip Code EAST BRIDGEWATER MA 02333		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-ELDERCARE CENTERS REG	
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)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25312	
City EAST BRIDGEWATER	State MA	Zip Code 02333	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25313	
City EAST BRIDGEWATER	State MA	Zip Code 02333	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.25314	
City EAST BRIDGEWATER	State MA	Zip Code 02333	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ALEX BELL		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25318
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. ALEX BELL		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25319
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. ALEX BELL		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25320
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ALEX BELL		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25321
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. ALEX BELL		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25322
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. ALEX BELL		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25323
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ALEX BELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.25324
City UPPER DARBY	State PA	Zip Code 19082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. ALICEMAE BELL		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 23 PEMBROKE LANE		Transaction ID: SA11A1.25330
City AGAWAM	State MA	Zip Code 01001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.31
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72	

Full Name (Last, First, Middle Initial) C. ALICEMAE BELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 23 PEMBROKE LANE		Transaction ID: SA11A1.25331
City AGAWAM	State MA	Zip Code 01001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.31
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.03	

SUBTOTAL of Receipts This Page (optional)	▶	74.62
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25332
City KingsVILLE	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25333
City KingsVILLE	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25334
City KingsVILLE	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25335
City KINGSVILLE	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25336
City KINGSVILLE	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25337
City KINGSVILLE	State MD	Zip Code 21087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.25338
City Kingsville State MD Zip Code 21087	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	650.00	

Full Name (Last, First, Middle Initial) B. DAVID BERTHA		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 212 ARDMORE AVENUE		Transaction ID: SA11A1.25344
City Haddonfield State NJ Zip Code 08033	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC. Occupation PRESIDENT-GEN HOSPITALITY SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	225.00	

Full Name (Last, First, Middle Initial) C. DAVID BERTHA		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 212 ARDMORE AVENUE		Transaction ID: SA11A1.25345
City Haddonfield State NJ Zip Code 08033	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC. Occupation PRESIDENT-GEN HOSPITALITY SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	265.00	

SUBTOTAL of Receipts This Page (optional)	▶	115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DAVID BERTHA		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 212 ARDMORE AVENUE		Transaction ID: SA11A1.25346	
City State Zip Code HADDONFIELD NJ 08033		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-GEN HOSPITALITY SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. DAVID BERTHA		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 212 ARDMORE AVENUE		Transaction ID: SA11A1.25347	
City State Zip Code HADDONFIELD NJ 08033		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-GEN HOSPITALITY SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) C. DAVID BERTHA		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 212 ARDMORE AVENUE		Transaction ID: SA11A1.25348	
City State Zip Code HADDONFIELD NJ 08033		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-GEN HOSPITALITY SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25360	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25361	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25362	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25363	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25364	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25365	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 200
	(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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICHARD P. BLINN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 67 BLOSSOM ROAD		Transaction ID: SA11A1.25366	
City WINDHAM	State NH	Zip Code 03087	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. EDWARD J BOEGGEMAN		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 11 CONCORD WAY		Transaction ID: SA11A1.25367	
City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period 44.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) C. EDWARD J BOEGGEMAN		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 11 CONCORD WAY		Transaction ID: SA11A1.25368	
City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period 44.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.00	

SUBTOTAL of Receipts This Page (optional) ▶	188.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. EDWARD J BOEGGEMAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 11 CONCORD WAY		Transaction ID: SA11A1.25369	
City CHADDS FORD	State PA	Amount of Each Receipt this Period 44.00	
Zip Code 19317			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00		

Full Name (Last, First, Middle Initial) B. EDWARD J BOEGGEMAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 11 CONCORD WAY		Transaction ID: SA11A1.25370	
City CHADDS FORD	State PA	Amount of Each Receipt this Period 60.00	
Zip Code 19317			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00		

Full Name (Last, First, Middle Initial) C. EDWARD J BOEGGEMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 11 CONCORD WAY		Transaction ID: SA11A1.25371	
City CHADDS FORD	State PA	Amount of Each Receipt this Period 60.00	
Zip Code 19317			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.00		

SUBTOTAL of Receipts This Page (optional) ▶	164.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City State Zip Code
CHADDS FORD PA 19317

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25372

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City State Zip Code
CHADDS FORD PA 19317

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
636.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25373

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code
BALTIMORE MD 21237

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

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
SR VP-RESP HEALTH SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 26 / 2006

Transaction ID: SA11A1.25389

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH B. BOURNE

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code
BALTIMORE MD 21237

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION SR VP-RESP HEALTH SVS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2006

Transaction ID: SA11A1.25390

Amount of Each Receipt this Period
20.00

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

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code
BALTIMORE MD 21237

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION SR VP-RESP HEALTH SVS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: SA11A1.25391

Amount of Each Receipt this Period
20.00

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

Mailing Address 2222 Ebbvale Road

City State Zip Code
Manchester MD 21102

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

Name of Employer Occupation
Genesis HealthCare Corporation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2006

Transaction ID: SA11A1.25067

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City State Zip Code
WILMINGTON DE 19810

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	6

Transaction ID: SA11A1.25401

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City State Zip Code
WILMINGTON DE 19810

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	6

Transaction ID: SA11A1.25402

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City State Zip Code
WILMINGTON DE 19810

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID: SA11A1.25403

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT M CANNON		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 2408 LONDON DRIVE		Transaction ID: SA11A1.25404	
City State Zip Code WILMINGTON DE 19810	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. ROBERT M CANNON		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2408 LONDON DRIVE		Transaction ID: SA11A1.25405	
City State Zip Code WILMINGTON DE 19810	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25414	
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25415
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25416
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25417
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25418	
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name (Last, First, Middle Initial) B. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25419	
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) C. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.25420	
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Richard Castor		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 2117 Fox Creek Road		Transaction ID: SA11A1.25061	
City State Zip Code Berwyn PA 19312	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Genesis HealthCare Corporation	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. SHELLY CHARLIER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 27111 ERIN DRIVE		Transaction ID: SA11A1.25423	
City State Zip Code MECHANICSVILLE MD 20659	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. SHELLY CHARLIER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 27111 ERIN DRIVE		Transaction ID: SA11A1.25424	
City State Zip Code MECHANICSVILLE MD 20659	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SHELLY CHARLIER		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 27111 ERIN DRIVE		Transaction ID: SA11A1.25425	
City State Zip Code MECHANICSVILLE MD 20659	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. SHELLY CHARLIER		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 27111 ERIN DRIVE		Transaction ID: SA11A1.25426	
City State Zip Code MECHANICSVILLE MD 20659	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MICHAEL CIAMBELLA		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 371 WEST BALTIMORE PIKE		Transaction ID: SA11A1.25431	
City State Zip Code MEDIA PA 19063	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-STAFF DEVELOPMENT		
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) ▶	70.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MICHAEL CIAMBELLA		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 371 WEST BALTIMORE PIKE		Transaction ID: SA11A1.25432
City MEDIA	State PA	Zip Code 19063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-STAFF DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MICHAEL CIAMBELLA		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 371 WEST BALTIMORE PIKE		Transaction ID: SA11A1.25433
City MEDIA	State PA	Zip Code 19063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-STAFF DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25434
City NARBERTH	State PA	Zip Code 19072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25435
City NARBERTH	State PA	Zip Code 19072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25436
City NARBERTH	State PA	Zip Code 19072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) C. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25437
City NARBERTH	State PA	Zip Code 19072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25438	
City State Zip Code NARBERTH PA 19072	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		

Full Name (Last, First, Middle Initial) B. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25439	
City State Zip Code NARBERTH PA 19072	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

Full Name (Last, First, Middle Initial) C. EILEEN M. COGGINS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 406 N. ESSEX AVENUE		Transaction ID: SA11A1.25440	
City State Zip Code NARBERTH PA 19072	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

SUBTOTAL of Receipts This Page (optional) ▶	135.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES E. CONNELL

Mailing Address 302 CLARK'S WAY

City YORK State PA Zip Code 17403

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2006

Transaction ID: SA11A1.25452

Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
JAMES E. CONNELL

Mailing Address 302 CLARK'S WAY

City YORK State PA Zip Code 17403

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2006

Transaction ID: SA11A1.25453

Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
JAMES E. CONNELL

Mailing Address 302 CLARK'S WAY

City YORK State PA Zip Code 17403

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: SA11A1.25454

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.25468

Amount of Each Receipt this Period
30.00

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

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.25469

Amount of Each Receipt this Period
30.00

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

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2006

Transaction ID: SA11A1.25470

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KENNETH CULLEROT		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 44 TANGLEWOOD DRIVE		Transaction ID: SA11A1.25471	
City State Zip Code HENNIKER NH 03242		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. KENNETH CULLEROT		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 44 TANGLEWOOD DRIVE		Transaction ID: SA11A1.25472	
City State Zip Code HENNIKER NH 03242		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. KENNETH CULLEROT		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 44 TANGLEWOOD DRIVE		Transaction ID: SA11A1.25473	
City State Zip Code HENNIKER NH 03242		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP & REGIONAL CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.25474

Amount of Each Receipt this Period
30.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-CENTRAL BUSINESS OFFICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: SA11A1.25482

Amount of Each Receipt this Period
50.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-CENTRAL BUSINESS OFFICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2006

Transaction ID: SA11A1.25483

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFF CUNNINGHAM		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 831 FOUR STREAMS DRIVE		Transaction ID: SA11A1.25484
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS OFFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. JEFF CUNNINGHAM		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 831 FOUR STREAMS DRIVE		Transaction ID: SA11A1.25485
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS OFFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JEFF CUNNINGHAM		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 831 FOUR STREAMS DRIVE		Transaction ID: SA11A1.25486
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS OFFC	
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)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFF CUNNINGHAM		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 831 FOUR STREAMS DRIVE		Transaction ID: SA11A1.25487
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS OFFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. JEFF CUNNINGHAM		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 831 FOUR STREAMS DRIVE		Transaction ID: SA11A1.25488
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS OFFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. ROBERT J. DAHL		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 45 ANTIETAM DRIVE		Transaction ID: SA11A1.25496
City MORGANTOWN	State WV	Zip Code 26508
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT J. DAHL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 45 ANTIETAM DRIVE		Transaction ID: SA11A1.25497	
City MORGANTOWN	State WV	Zip Code 26508	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. ROBERT J. DAHL		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 45 ANTIETAM DRIVE		Transaction ID: SA11A1.25498	
City MORGANTOWN	State WV	Zip Code 26508	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. ROBERT J. DAHL		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 45 ANTIETAM DRIVE		Transaction ID: SA11A1.25499	
City MORGANTOWN	State WV	Zip Code 26508	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
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)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT J. DAHL

Mailing Address 45 ANTIETAM DRIVE

City State Zip Code
MORGANTOWN WV 26508

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.25500

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
ROBERT J. DAHL

Mailing Address 45 ANTIETAM DRIVE

City State Zip Code
MORGANTOWN WV 26508

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25501

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
ROBERT J. DAHL

Mailing Address 45 ANTIETAM DRIVE

City State Zip Code
MORGANTOWN WV 26508

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25502

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEVE DELAGRANGE

Mailing Address 10 SHADY RIDGE COURT

City State Zip Code
PARKTON MD 21120

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-MEDICAL SUPPLY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	0	6

Transaction ID: SA11A1.25522

Amount of Each Receipt this Period
50.00

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

Mailing Address 10 SHADY RIDGE COURT

City State Zip Code
PARKTON MD 21120

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-MEDICAL SUPPLY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	6

Transaction ID: SA11A1.25523

Amount of Each Receipt this Period
50.00

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

Mailing Address 10 SHADY RIDGE COURT

City State Zip Code
PARKTON MD 21120

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-MEDICAL SUPPLY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	6

Transaction ID: SA11A1.25524

Amount of Each Receipt this Period
20.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. John Depodesta		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2006	
Mailing Address 224 North Royal Street		Transaction ID: SA11A1.25059	
City State Zip Code Alexandria AL 22314	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25532	
City State Zip Code NEWARK DE 19702	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation DIRECTOR-CORPORATE BILLING SYS Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25533	
City State Zip Code NEWARK DE 19702	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation DIRECTOR-CORPORATE BILLING SYS Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25534	
City NEWARK	State DE	Zip Code 19702	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING SYS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25535	
City NEWARK	State DE	Zip Code 19702	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING SYS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25536	
City NEWARK	State DE	Zip Code 19702	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING SYS		
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) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25537
City NEWARK	State DE	Zip Code 19702
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING SYS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. CAROLYN DIEFENDERFER		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 1 DUBB DRIVE		Transaction ID: SA11A1.25538
City NEWARK	State DE	Zip Code 19702
Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING SYS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25525
City WEST GROVE	State PA	Zip Code 19390
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25526
City WEST GROVE	State PA	Zip Code 19390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25527
City WEST GROVE	State PA	Zip Code 19390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25528
City WEST GROVE	State PA	Zip Code 19390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25529	
City State Zip Code WEST GROVE PA 19390		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25530	
City State Zip Code WEST GROVE PA 19390		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1275.00	

Full Name (Last, First, Middle Initial) C. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.25531	
City State Zip Code WEST GROVE PA 19390		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & ASST CORPORATE CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARY T DOUGHERTY		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 1300 NEW YORK AVE		Transaction ID: SA11A1.25560
City MANASQUAN	State NJ	Zip Code 08736
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. MARY T DOUGHERTY		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 1300 NEW YORK AVE		Transaction ID: SA11A1.25561
City MANASQUAN	State NJ	Zip Code 08736
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MARY T DOUGHERTY		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 1300 NEW YORK AVE		Transaction ID: SA11A1.25562
City MANASQUAN	State NJ	Zip Code 08736
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-HOSPITALITY 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)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. STEPHEN J DOVEY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 213 TROWBRIDGE LANE		Transaction ID: SA11A1.25565
City State Zip Code DOWNINGTOWN PA 19335	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-PAYROLL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. STEPHEN J DOVEY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 213 TROWBRIDGE LANE		Transaction ID: SA11A1.25566
City State Zip Code DOWNINGTOWN PA 19335	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-PAYROLL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. STEPHEN J DOVEY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 213 TROWBRIDGE LANE		Transaction ID: SA11A1.25567
City State Zip Code DOWNINGTOWN PA 19335	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-PAYROLL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. STEPHEN J DOVEY		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 213 TROWBRIDGE LANE		Transaction ID: SA11A1.25568	
City State Zip Code DOWNINGTOWN PA 19335		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-PAYROLL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. STEPHEN J DOVEY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 213 TROWBRIDGE LANE		Transaction ID: SA11A1.25569	
City State Zip Code DOWNINGTOWN PA 19335		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-PAYROLL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. JOSEPH DVORAK		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 1408 CHESAPEAKE AVE		Transaction ID: SA11A1.25585	
City State Zip Code BALTIMORE MD 21220		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 57 / 200
	<input checked="" 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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH DVORAK		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 1408 CHESAPEAKE AVE		Transaction ID: SA11A1.25586
City	State	Zip Code
BALTIMORE	MD	21220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. JOSEPH DVORAK		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 1408 CHESAPEAKE AVE		Transaction ID: SA11A1.25587
City	State	Zip Code
BALTIMORE	MD	21220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. JOSEPH DVORAK		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 1408 CHESAPEAKE AVE		Transaction ID: SA11A1.25588
City	State	Zip Code
BALTIMORE	MD	21220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City State Zip Code
BALTIMORE MD 21220

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-REIMBURSEMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 305.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25589

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City State Zip Code
CROSS LANES WV 25313

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR-EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 26 / 2006

Transaction ID: SA11A1.25607

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City State Zip Code
CROSS LANES WV 25313

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR-EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 09 / 2006

Transaction ID: SA11A1.25608

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SHAWN P. EDDY

Mailing Address 5303 WESTBROOK DRIVE

City State Zip Code
CROSS LANES WV 25313

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR-EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2006

Transaction ID: SA11A1.25609

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-ASST TREASURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2006

Transaction ID: SA11A1.25614

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-ASST TREASURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11A1.25615

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-ASST TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.25616

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-ASST TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25617

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-ASST TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25618

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City CHELMSFORD State MA Zip Code 01824

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.25626

Amount of Each Receipt this Period
40.00

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

Mailing Address 16 FARLEY BROOK RD.

City CHELMSFORD State MA Zip Code 01824

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.25627

Amount of Each Receipt this Period
40.00

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

Mailing Address 16 FARLEY BROOK RD.

City CHELMSFORD State MA Zip Code 01824

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.25628

Amount of Each Receipt this Period
40.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAMELA ELROD		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 16 FARLEY BROOK RD.		Transaction ID: SA11A1.25629	
City State Zip Code CHELMSFORD MA 01824		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) B. PAMELA ELROD		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 16 FARLEY BROOK RD.		Transaction ID: SA11A1.25630	
City State Zip Code CHELMSFORD MA 01824		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. PAMELA ELROD		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 16 FARLEY BROOK RD.		Transaction ID: SA11A1.25631	
City State Zip Code CHELMSFORD MA 01824		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAMELA ELROD		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 16 FARLEY BROOK RD.		Transaction ID: SA11A1.25632	
City State Zip Code CHELMSFORD MA 01824		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. CYNTHIA H. FARLEY		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 108 COUNTRY COVE ESTATE		Transaction ID: SA11A1.25641	
City State Zip Code SCOTT DEPOT WV 25560		Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL MARKETING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) C. CYNTHIA H. FARLEY		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 108 COUNTRY COVE ESTATE		Transaction ID: SA11A1.25642	
City State Zip Code SCOTT DEPOT WV 25560		Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL MARKETING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional) ▶	81.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CYNTHIA H. FARLEY		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 108 COUNTRY COVE ESTATE		Transaction ID: SA11A1.25643
City SCOTT DEPOT	State WV	Zip Code 25560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.58
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.58	

Full Name (Last, First, Middle Initial) B. CYNTHIA H. FARLEY		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 108 COUNTRY COVE ESTATE		Transaction ID: SA11A1.25644
City SCOTT DEPOT	State WV	Zip Code 25560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.58
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.16	

Full Name (Last, First, Middle Initial) C. CYNTHIA H. FARLEY		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 108 COUNTRY COVE ESTATE		Transaction ID: SA11A1.25645
City SCOTT DEPOT	State WV	Zip Code 25560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.58
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-REGIONAL MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.74	

SUBTOTAL of Receipts This Page (optional)	▶	91.74
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CYNTHIA H. FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City State Zip Code
SCOTT DEPOT WV 25560

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL MARKETING

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 374.32

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.25646

Amount of Each Receipt this Period
30.58

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

Mailing Address 159 MERION LANE

City State Zip Code
READING PA 19607

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VICE PRESIDENT-CENTERS GROUP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11A1.25650

Amount of Each Receipt this Period
25.00

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

Mailing Address 159 MERION LANE

City State Zip Code
READING PA 19607

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VICE PRESIDENT-CENTERS GROUP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.25651

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	80.58
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEAN FEICK

Mailing Address 159 MERION LANE

City READING State PA Zip Code 19607

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.25652

Amount of Each Receipt this Period
25.00

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

Mailing Address 159 MERION LANE

City READING State PA Zip Code 19607

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.25653

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MARY A. FERRELL

Mailing Address P.O.BOX 706

City OAK HILL State WV Zip Code 25901

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

Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: ADMINISTRATOR-EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: SA11A1.25654

Amount of Each Receipt this Period
30.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARY A. FERRELL		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address P.O.BOX 706		Transaction ID: SA11A1.25655
City OAK HILL	State WV	Zip Code 25901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MARY A. FERRELL		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address P.O.BOX 706		Transaction ID: SA11A1.25656
City OAK HILL	State WV	Zip Code 25901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. MARY A. FERRELL		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address P.O.BOX 706		Transaction ID: SA11A1.25657
City OAK HILL	State WV	Zip Code 25901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
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)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARY A. FERRELL		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address P.O.BOX 706		Transaction ID: SA11A1.25658
City OAK HILL	State WV	Zip Code 25901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. MARY A. FERRELL		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address P.O.BOX 706		Transaction ID: SA11A1.25659
City OAK HILL	State WV	Zip Code 25901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. MARY A. FERRELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address P.O.BOX 706		Transaction ID: SA11A1.25660
City OAK HILL	State WV	Zip Code 25901
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
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)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City PHEONIX State MD Zip Code 21131

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: SA11A1.25665

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City PHEONIX State MD Zip Code 21131

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11A1.25666

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City PHEONIX State MD Zip Code 21131

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.25667

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Terri Fisher

Mailing Address 5215 Homeville Road

City Oxford State PA Zip Code 19363

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

Name of Employer Genesis Health Ventures, Inc. Occupation Cash Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.25065

Amount of Each Receipt this Period
300.00

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

Mailing Address 4613 ROXBURY DRIVE

City BETHESDA State MD Zip Code 20814

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation SR VP-CLINICAL PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.25668

Amount of Each Receipt this Period
75.00

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

Mailing Address 4613 ROXBURY DRIVE

City BETHESDA State MD Zip Code 20814

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation SR VP-CLINICAL PRACTICE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.25669

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. IRENE FLESHNER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 4613 ROXBURY DRIVE		Transaction ID: SA11A1.25670
City State Zip Code BETHESDA MD 20814	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-CLINICAL PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) B. IRENE FLESHNER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 4613 ROXBURY DRIVE		Transaction ID: SA11A1.25671
City State Zip Code BETHESDA MD 20814	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-CLINICAL PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. IRENE FLESHNER		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 4613 ROXBURY DRIVE		Transaction ID: SA11A1.25672
City State Zip Code BETHESDA MD 20814	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-CLINICAL PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. SR VP-CLINICAL PRACTICE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.25673

Amount of Each Receipt this Period
75.00

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

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. SR VP-CLINICAL PRACTICE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.25674

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
LARRY V FOXWELL

Mailing Address P.O. BOX 457
6017 RIVERSIDE DRIVE

City State Zip Code
SECRETARY MD 21664

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-PHYSICIAN SERVICES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.25682

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LARRY V FOXWELL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address P.O. BOX 457 6017 RIVERSIDE DRIVE		Transaction ID: SA11A1.25683	
City State Zip Code SECRETARY MD 21664		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-PHYSICIAN SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. LARRY V FOXWELL		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address P.O. BOX 457 6017 RIVERSIDE DRIVE		Transaction ID: SA11A1.25684	
City State Zip Code SECRETARY MD 21664		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-PHYSICIAN SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. LARRY V FOXWELL		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address P.O. BOX 457 6017 RIVERSIDE DRIVE		Transaction ID: SA11A1.25685	
City State Zip Code SECRETARY MD 21664		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-PHYSICIAN SERVICES	
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) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LARRY V FOXWELL		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address P.O. BOX 457 6017 RIVERSIDE DRIVE		Transaction ID: SA11A1.25686
City SECRETARY	State MD	Zip Code 21664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-PHYSICIAN SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. LARRY V FOXWELL		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address P.O. BOX 457 6017 RIVERSIDE DRIVE		Transaction ID: SA11A1.25687
City SECRETARY	State MD	Zip Code 21664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-PHYSICIAN SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. LARRY V FOXWELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address P.O. BOX 457 6017 RIVERSIDE DRIVE		Transaction ID: SA11A1.25688
City SECRETARY	State MD	Zip Code 21664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-PHYSICIAN SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BRUCE A FREEMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 31 PINEHURST AVE.		Transaction ID: SA11A1.25700	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. BRUCE A FREEMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 31 PINEHURST AVE.		Transaction ID: SA11A1.25701	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. BRUCE A FREEMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 31 PINEHURST AVE.		Transaction ID: SA11A1.25702	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
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) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN F FUREY		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 39 BUTTONWOOD DRIVE		Transaction ID: SA11A1.25715
City WOODSTOWN	State NJ	Zip Code 08098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.05	

Full Name (Last, First, Middle Initial) B. JOHN F FUREY		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 39 BUTTONWOOD DRIVE		Transaction ID: SA11A1.25716
City WOODSTOWN	State NJ	Zip Code 08098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.05	

Full Name (Last, First, Middle Initial) C. MARY V.M. GALVEZ		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 4409 UNDERWOOD ROAD		Transaction ID: SA11A1.25717
City BALTIMORE	State MD	Zip Code 21218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-CORPORATE COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-CORPORATE COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.25718

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-CORPORATE COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2006

Transaction ID: SA11A1.25719

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-CORPORATE COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 19 / 2006

Transaction ID: SA11A1.25720

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-CORPORATE COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11A1.25721

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-CORPORATE COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: SA11A1.25722

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-CORPORATE COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.25723

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
LINDA P. GARCIA

Mailing Address 10 CASELLA DRIVE

City State Zip Code
YALESVILLE CT 06492

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.25724

Amount of Each Receipt this Period
16.80

B. Full Name (Last, First, Middle Initial)
LINDA P. GARCIA

Mailing Address 10 CASELLA DRIVE

City State Zip Code
YALESVILLE CT 06492

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.25725

Amount of Each Receipt this Period
16.80

C. Full Name (Last, First, Middle Initial)
LINDA P. GARCIA

Mailing Address 10 CASELLA DRIVE

City State Zip Code
YALESVILLE CT 06492

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 268.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.25726

Amount of Each Receipt this Period
16.80

SUBTOTAL of Receipts This Page (optional)	▶	50.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25727
City YALESVILLE	State CT	Zip Code 06492
Amount of Each Receipt this Period 16.80		
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.60	

Full Name (Last, First, Middle Initial) B. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25728
City YALESVILLE	State CT	Zip Code 06492
Amount of Each Receipt this Period 16.80		
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.40	

Full Name (Last, First, Middle Initial) C. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25729
City YALESVILLE	State CT	Zip Code 06492
Amount of Each Receipt this Period 16.80		
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.20	

SUBTOTAL of Receipts This Page (optional) ▶	50.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25730	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		

Full Name (Last, First, Middle Initial) B. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2006	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25731	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.80		

Full Name (Last, First, Middle Initial) C. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25732	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.60		

SUBTOTAL of Receipts This Page (optional) ▶	50.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25733	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period -16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.80		

Full Name (Last, First, Middle Initial) B. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25734	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.60		

Full Name (Last, First, Middle Initial) C. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2006	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25735	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.40		

SUBTOTAL of Receipts This Page (optional) ▶	16.80
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25736	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.20		

Full Name (Last, First, Middle Initial) B. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25737	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) C. LINDA P. GARCIA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 10 CASELLA DRIVE		Transaction ID: SA11A1.25738	
City YALESVILLE	State CT	Zip Code 06492	Amount of Each Receipt this Period 16.80
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 436.80		

SUBTOTAL of Receipts This Page (optional) ▶	50.40
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DENNIS GREGORY		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 17 ONEIDA COURT		Transaction ID: SA11A1.25750
City CHESTER SPRINGS	State PA	Zip Code 19425
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. DENNIS GREGORY		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 17 ONEIDA COURT		Transaction ID: SA11A1.25751
City CHESTER SPRINGS	State PA	Zip Code 19425
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. DENNIS GREGORY		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 17 ONEIDA COURT		Transaction ID: SA11A1.25752
City CHESTER SPRINGS	State PA	Zip Code 19425
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
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)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25753	
City State Zip Code WYNCOTE PA 19095		Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) B. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25754	
City State Zip Code WYNCOTE PA 19095		Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25755	
City State Zip Code WYNCOTE PA 19095		Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional) ▶	195.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25756	
City State Zip Code WYNCOTE PA 19095	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CLINICAL SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25757	
City State Zip Code WYNCOTE PA 19095	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CLINICAL SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) C. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25758	
City State Zip Code WYNCOTE PA 19095	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CLINICAL SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

SUBTOTAL of Receipts This Page (optional) ▶	195.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NANCY E GRIMES		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11A1.25759	
City State Zip Code WYNCOTE PA 19095		Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 845.00	

Full Name (Last, First, Middle Initial) B. MARYLEE GROSSO		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 28 COMMONWEALTH AVENUE #4		Transaction ID: SA11A1.25764	
City State Zip Code BOSTON MA 02116		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-CLINICAL PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. MARYLEE GROSSO		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 28 COMMONWEALTH AVENUE #4		Transaction ID: SA11A1.25765	
City State Zip Code BOSTON MA 02116		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-CLINICAL PRACTICE	
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) ▶	105.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARYLEE GROSSO		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 28 COMMONWEALTH AVENUE #4		Transaction ID: SA11A1.25766
City BOSTON	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-CLINICAL PRACTICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. KATHY L HADDON		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 312 LEE ROAD		Transaction ID: SA11A1.25769
City FOLLANSBEE	State WV	Zip Code 26037
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. KATHY L HADDON		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 312 LEE ROAD		Transaction ID: SA11A1.25770
City FOLLANSBEE	State WV	Zip Code 26037
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KATHY L HADDON

Mailing Address 312 LEE ROAD

City State Zip Code
FOLLANSBEE WV 26037

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.25771

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
KATHY L HADDON

Mailing Address 312 LEE ROAD

City State Zip Code
FOLLANSBEE WV 26037

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.25772

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
KATHY L HADDON

Mailing Address 312 LEE ROAD

City State Zip Code
FOLLANSBEE WV 26037

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.25773

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert Harris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 56 Covington Drive		Transaction ID: SA11A1.25066	
City State Zip Code Shrewsbury PA 17361	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25799	
City State Zip Code NORTH WALES PA 19454	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25800	
City State Zip Code NORTH WALES PA 19454	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25801	
City NORTH WALES	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 19454			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25802	
City NORTH WALES	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 19454			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25803	
City NORTH WALES	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 19454			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
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) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25804	
City NORTH WALES	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 19454			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.25805	
City NORTH WALES	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 19454			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP & TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25806	
City DAVIDSONVILLE	State MD	Amount of Each Receipt this Period 53.57	
Zip Code 21035			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.99		

SUBTOTAL of Receipts This Page (optional) ▶	153.57
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25807	
City State Zip Code DAVIDSONVILLE MD 21035	Amount of Each Receipt this Period 53.57		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.56		

Full Name (Last, First, Middle Initial) B. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25808	
City State Zip Code DAVIDSONVILLE MD 21035	Amount of Each Receipt this Period 53.57		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.13		

Full Name (Last, First, Middle Initial) C. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25809	
City State Zip Code DAVIDSONVILLE MD 21035	Amount of Each Receipt this Period 53.57		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.70		

SUBTOTAL of Receipts This Page (optional) ▶	160.71
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25810	
City State Zip Code DAVIDSONVILLE MD 21035	Amount of Each Receipt this Period 53.57		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 589.27		

Full Name (Last, First, Middle Initial) B. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25811	
City State Zip Code DAVIDSONVILLE MD 21035	Amount of Each Receipt this Period 53.57		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.84		

Full Name (Last, First, Middle Initial) C. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.25812	
City State Zip Code DAVIDSONVILLE MD 21035	Amount of Each Receipt this Period 53.57		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.41		

SUBTOTAL of Receipts This Page (optional) ▶	160.71
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DANIEL A HIRSCHFELD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1 SUNSET KNOLL COURT		Transaction ID: SA11A1.25824
City State Zip Code TIMONIUM MD 21093	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SR OPERATIONS REHAB SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. DANIEL A HIRSCHFELD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 1 SUNSET KNOLL COURT		Transaction ID: SA11A1.25825
City State Zip Code TIMONIUM MD 21093	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SR OPERATIONS REHAB SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. DANIEL A HIRSCHFELD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1 SUNSET KNOLL COURT		Transaction ID: SA11A1.25826
City State Zip Code TIMONIUM MD 21093	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SR OPERATIONS REHAB SVS	
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) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NATALIE P. HOLLAND		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 2230 CREST ROAD		Transaction ID: SA11A1.25831	
City State Zip Code BALTIMORE MD 21209	Amount of Each Receipt this Period 18.50		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.50		

Full Name (Last, First, Middle Initial) B. NATALIE P. HOLLAND		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 2230 CREST ROAD		Transaction ID: SA11A1.25832	
City State Zip Code BALTIMORE MD 21209	Amount of Each Receipt this Period 18.50		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00		

Full Name (Last, First, Middle Initial) C. NATALIE P. HOLLAND		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2230 CREST ROAD		Transaction ID: SA11A1.25833	
City State Zip Code BALTIMORE MD 21209	Amount of Each Receipt this Period 18.50		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50		

SUBTOTAL of Receipts This Page (optional) ▶	55.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City NEWPORT State RI Zip Code 02840

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 26 / 2006

Transaction ID: SA11A1.25872

Amount of Each Receipt this Period
 10.00

B. Full Name (Last, First, Middle Initial)
REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City NEWPORT State RI Zip Code 02840

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2006

Transaction ID: SA11A1.25873

Amount of Each Receipt this Period
 10.00

C. Full Name (Last, First, Middle Initial)
REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City NEWPORT State RI Zip Code 02840

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 09 / 2006

Transaction ID: SA11A1.25874

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City NEWPORT State RI Zip Code 02840

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.25875

Amount of Each Receipt this Period
 10.00

B. Full Name (Last, First, Middle Initial)
REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City NEWPORT State RI Zip Code 02840

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.25876

Amount of Each Receipt this Period
 10.00

C. Full Name (Last, First, Middle Initial)
REGINA R. JONES

Mailing Address 2 WEATHERLY AVENUE

City NEWPORT State RI Zip Code 02840

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.25877

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THOMAS M KELLEY		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 116 SIMMONS DRIVE		Transaction ID: SA11A1.25886
City MILLWOOD	State WV	Zip Code 25262
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. THOMAS M KELLEY		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 116 SIMMONS DRIVE		Transaction ID: SA11A1.25887
City MILLWOOD	State WV	Zip Code 25262
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. THOMAS M KELLEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 116 SIMMONS DRIVE		Transaction ID: SA11A1.25888
City MILLWOOD	State WV	Zip Code 25262
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-EXECUTIVE	
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)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.25889

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.25890

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2006

Transaction ID: SA11A1.25891

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11A1.25892

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.25893

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.25894

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WALTER J. KIELAR

Mailing Address 17 CURTIS ROAD

City State Zip Code
SPRINGFIELD PA 19064

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.25895

Amount of Each Receipt this Period
100.00

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

Mailing Address 394 WEST TURNBERRY CT.

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-CLINICAL COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.25907

Amount of Each Receipt this Period
20.00

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

Mailing Address 394 WEST TURNBERRY CT.

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-CLINICAL COMPLIANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.25908

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KAREN KLINE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 394 WEST TURNBERRY CT.		Transaction ID: SA11A1.25909	
City State Zip Code WEST CHESTER PA 19382		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-CLINICAL COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. WENDY LABATE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 36 MACDONALD DRIVE		Transaction ID: SA11A1.25940	
City State Zip Code NASHUA NH 03062		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-CLINICAL SVS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25941	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP GOVERNMENT RELATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25942	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25943	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 19 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25944	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP GOVERNMENT RELATIONS	
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) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25945	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25946	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. LAURENCE F. LANE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1616 STEPHENS DRIVE		Transaction ID: SA11A1.25947	
City State Zip Code WAYNE PA 19087		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARK W LATHAM		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 100 CRAM ROAD		Transaction ID: SA11A1.25952
City State Zip Code SANBORNTON NH 03269	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. MARK W LATHAM		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 100 CRAM ROAD		Transaction ID: SA11A1.25953
City State Zip Code SANBORNTON NH 03269	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MARK W LATHAM		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 100 CRAM ROAD		Transaction ID: SA11A1.25954
City State Zip Code SANBORNTON NH 03269	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
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) ▶	60.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BRUCE R LEVIN

Mailing Address 9440 GULLEY'S COVE LANE

City EASTON State MD Zip Code 21601

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR-SR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.25987

Amount of Each Receipt this Period
29.00

B. Full Name (Last, First, Middle Initial)
BRUCE R LEVIN

Mailing Address 9440 GULLEY'S COVE LANE

City EASTON State MD Zip Code 21601

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR-SR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.25988

Amount of Each Receipt this Period
29.00

C. Full Name (Last, First, Middle Initial)
BRUCE R LEVIN

Mailing Address 9440 GULLEY'S COVE LANE

City EASTON State MD Zip Code 21601

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR-SR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.25989

Amount of Each Receipt this Period
29.00

SUBTOTAL of Receipts This Page (optional)	▶	87.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BRUCE R LEVIN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 9440 GULLEY'S COVE LANE		Transaction ID: SA11A1.25990
City EASTON State MD Zip Code 21601	Amount of Each Receipt this Period 29.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR-SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.00	

Full Name (Last, First, Middle Initial) B. BRUCE R LEVIN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 9440 GULLEY'S COVE LANE		Transaction ID: SA11A1.25991
City EASTON State MD Zip Code 21601	Amount of Each Receipt this Period 29.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR-SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.00	

Full Name (Last, First, Middle Initial) C. BRUCE R LEVIN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 9440 GULLEY'S COVE LANE		Transaction ID: SA11A1.25992
City EASTON State MD Zip Code 21601	Amount of Each Receipt this Period 29.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR-SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

SUBTOTAL of Receipts This Page (optional) ▶	87.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK LEVY

Mailing Address 29 SOUTH ORCHARD DRIVE

City AMHERST State MA Zip Code 01002

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.25993

Amount of Each Receipt this Period
50.00

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

Mailing Address 29 SOUTH ORCHARD DRIVE

City AMHERST State MA Zip Code 01002

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.25994

Amount of Each Receipt this Period
50.00

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

Mailing Address 29 SOUTH ORCHARD DRIVE

City AMHERST State MA Zip Code 01002

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.25995

Amount of Each Receipt this Period
50.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK LEVY

Mailing Address 29 SOUTH ORCHARD DRIVE

City AMHERST State MA Zip Code 01002

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.25996

Amount of Each Receipt this Period
50.00

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

Mailing Address 29 SOUTH ORCHARD DRIVE

City AMHERST State MA Zip Code 01002

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.25997

Amount of Each Receipt this Period
50.00

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

Mailing Address 29 SOUTH ORCHARD DRIVE

City AMHERST State MA Zip Code 01002

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: SA11A1.25998

Amount of Each Receipt this Period
50.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARK LEVY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 29 SOUTH ORCHARD DRIVE		Transaction ID: SA11A1.25999	
City AMHERST	State MA	Zip Code 01002	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SENIOR MEDICAL AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. PAMELA C LIGGINS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 135 BREAKERS LANE		Transaction ID: SA11A1.26004	
City STRATFORD	State CT	Zip Code 06615	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-HUMAN RESOURCES REGNL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. PAMELA C LIGGINS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 135 BREAKERS LANE		Transaction ID: SA11A1.26005	
City STRATFORD	State CT	Zip Code 06615	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-HUMAN RESOURCES REGNL		
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) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAMELA C LIGGINS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 135 BREAKERS LANE		Transaction ID: SA11A1.26006	
City STRATFORD	State CT	Zip Code 06615	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-HUMAN RESOURCES REGNL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. JOHN F. LOOME		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26013	
City WASHINGTON	State DC	Zip Code 20015	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. JOHN F. LOOME		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26014	
City WASHINGTON	State DC	Zip Code 20015	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN F. LOOME		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26015
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. JOHN F. LOOME		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26016
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN F. LOOME		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26017
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR	
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)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 / 200
	(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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN F. LOOME		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26018
City	State	Zip Code
WASHINGTON	DC	20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. JOHN F. LOOME		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 3523 RUNNYMEDE PLACE,NW		Transaction ID: SA11A1.26019
City	State	Zip Code
WASHINGTON	DC	20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. DONALEE A LOUX		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 118 SCOTTS GLEN ROAD		Transaction ID: SA11A1.26022
City	State	Zip Code
LINCOLN UNIVERSITY	PA	19352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DONALEE A LOUX		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 118 SCOTTS GLEN ROAD		Transaction ID: SA11A1.26023	
City State Zip Code LINCOLN UNIVERSITY PA 19352	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FINANCIAL SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. DONALEE A LOUX		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 118 SCOTTS GLEN ROAD		Transaction ID: SA11A1.26024	
City State Zip Code LINCOLN UNIVERSITY PA 19352	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FINANCIAL SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. DONALEE A LOUX		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 118 SCOTTS GLEN ROAD		Transaction ID: SA11A1.26025	
City State Zip Code LINCOLN UNIVERSITY PA 19352	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FINANCIAL SYSTEMS		
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) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code
LINCOLN UNIVERSITY PA 19352

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

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-FINANCIAL SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.26026

Amount of Each Receipt this Period
25.00

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

Mailing Address 49 BARRY AVE

City State Zip Code
SOMERSET MA 02726

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

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.26031

Amount of Each Receipt this Period
20.00

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

Mailing Address 49 BARRY AVE

City State Zip Code
SOMERSET MA 02726

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

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.26032

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL MAHONEY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 49 BARRY AVE		Transaction ID: SA11A1.26033	
City State Zip Code SOMERSET MA 02726		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26069	
City State Zip Code WEST CHESTER PA 19382		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SR LABOR MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26070	
City State Zip Code WEST CHESTER PA 19382		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SR LABOR MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26071	
City State Zip Code WEST CHESTER PA 19382		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SR LABOR MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26072	
City State Zip Code WEST CHESTER PA 19382		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SR LABOR MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26073	
City State Zip Code WEST CHESTER PA 19382		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SR LABOR MGMT	
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) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26074	
City WEST CHESTER	State PA	Zip Code 19382	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR LABOR MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. LOIS MCCASKEY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 602 S. CONCORD ROAD		Transaction ID: SA11A1.26075	
City WEST CHESTER	State PA	Zip Code 19382	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR LABOR MGMT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. PAUL J. MCGUIRE		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 280 APPLETON COURT		Transaction ID: SA11A1.26080	
City KENNETT SQUARE	State PA	Zip Code 19348	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
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)	120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL J. MCGUIRE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 280 APPLETON COURT		Transaction ID: SA11A1.26081
City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. PAUL J. MCGUIRE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 280 APPLETON COURT		Transaction ID: SA11A1.26082
City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. JAMES MCKEON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 1613 BROAD RUN ROAD		Transaction ID: SA11A1.26083
City State Zip Code LANDENBERG PA 19350	Amount of Each Receipt this Period 96.15	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation EXECUTIVE VP FINANCE & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.05	

SUBTOTAL of Receipts This Page (optional) ▶	136.15
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JAMES MCKEON

Mailing Address 1613 BROAD RUN ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
EXECUTIVE VP FINANCE & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.26084

Amount of Each Receipt this Period
96.15

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

Mailing Address 1613 BROAD RUN ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
EXECUTIVE VP FINANCE & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.35

Date of Receipt
M M / D D / Y Y Y Y
05 / 05 / 2006

Transaction ID: SA11A1.26085

Amount of Each Receipt this Period
96.15

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

Mailing Address 1613 BROAD RUN ROAD

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
EXECUTIVE VP FINANCE & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1009.58

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2006

Transaction ID: SA11A1.26086

Amount of Each Receipt this Period
144.23

SUBTOTAL of Receipts This Page (optional) ► **336.53**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JAMES MCKEON		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 1613 BROAD RUN ROAD		Transaction ID: SA11A1.26087
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 144.23
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation EXECUTIVE VP FINANCE & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.81	

Full Name (Last, First, Middle Initial) B. JAMES MCKEON		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 1613 BROAD RUN ROAD		Transaction ID: SA11A1.26088
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 144.23
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation EXECUTIVE VP FINANCE & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1298.04	

Full Name (Last, First, Middle Initial) C. JAMES MCKEON		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 1613 BROAD RUN ROAD		Transaction ID: SA11A1.26089
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 144.23
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation EXECUTIVE VP FINANCE & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1442.27	

SUBTOTAL of Receipts This Page (optional)	432.69
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 200		
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26090	
City State Zip Code FOREST HILL MD 21050	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26091	
City State Zip Code FOREST HILL MD 21050	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26092	
City State Zip Code FOREST HILL MD 21050	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26093	
City State Zip Code FOREST HILL MD 21050	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26094	
City State Zip Code FOREST HILL MD 21050	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00		

Full Name (Last, First, Middle Initial) C. DEBBIE MCLARTY		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26095	
City State Zip Code FOREST HILL MD 21050	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

SUBTOTAL of Receipts This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEBBIE MCLARTY		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 217 COLGATE DRIVE		Transaction ID: SA11A1.26096
City State Zip Code FOREST HILL MD 21050	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) B. Chuck McQueary		Date of Receipt MM / DD / YYYY 06 / 26 / 2006
Mailing Address 509 Coyote Road		Transaction ID: SA11A1.25053
City State Zip Code Roanoke TX 76262	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. WILLIAM T. MERRILL		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 131 RED HAVEN DRIVE		Transaction ID: SA11A1.26106
City State Zip Code NORTH WALES PA 19454	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HUMAN RESOURCES REGNL	
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)	3090.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM T. MERRILL		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 131 RED HAVEN DRIVE		Transaction ID: SA11A1.26107
City NORTH WALES	State PA	Zip Code 19454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HUMAN RESOURCES REGNL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. WILLIAM T. MERRILL		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 131 RED HAVEN DRIVE		Transaction ID: SA11A1.26108
City NORTH WALES	State PA	Zip Code 19454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HUMAN RESOURCES REGNL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. LAUREN F MURRAY		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26141
City NEWBURYPORT	State MA	Zip Code 01950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL SALES AND MTKG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAUREN F MURRAY		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26142	
City State Zip Code NEWBURYPORT MA 01950		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-REGIONAL SALES AND MTKG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. LAUREN F MURRAY		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26143	
City State Zip Code NEWBURYPORT MA 01950		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-REGIONAL SALES AND MTKG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. LAUREN F MURRAY		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26144	
City State Zip Code NEWBURYPORT MA 01950		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-REGIONAL SALES AND MTKG	
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) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAUREN F MURRAY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26145
City State Zip Code NEWBURYPORT MA 01950	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL SALES AND MTKG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. LAUREN F MURRAY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26146
City State Zip Code NEWBURYPORT MA 01950	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL SALES AND MTKG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. LAUREN F MURRAY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 19 SHIP STREET		Transaction ID: SA11A1.26147
City State Zip Code NEWBURYPORT MA 01950	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL SALES AND MTKG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2006	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26148	
City PHOENIX	State MD	Amount of Each Receipt this Period 50.00	
Zip Code 21131			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2006	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26149	
City PHOENIX	State MD	Amount of Each Receipt this Period 50.00	
Zip Code 21131			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2006	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26150	
City PHOENIX	State MD	Amount of Each Receipt this Period 50.00	
Zip Code 21131			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26151	
City PHOENIX	State MD	Zip Code 21131	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26152	
City PHOENIX	State MD	Zip Code 21131	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26153	
City PHOENIX	State MD	Zip Code 21131	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEITH NAUSE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 5 COOPERSTOWN COURT		Transaction ID: SA11A1.26154	
City PHOENIX	State MD	Amount of Each Receipt this Period 50.00	
Zip Code 21131			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP & REGIONAL CONTROLLER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. MARY M. PERKINS		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 16835 PEMBROKE ROAD		Transaction ID: SA11A1.26202	
City LEWES	State DE	Amount of Each Receipt this Period 25.00	
Zip Code 19958			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-QUALITY EVAL & IMPROV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) C. MARY M. PERKINS		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 16835 PEMBROKE ROAD		Transaction ID: SA11A1.26203	
City LEWES	State DE	Amount of Each Receipt this Period 25.00	
Zip Code 19958			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-QUALITY EVAL & IMPROV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARY M. PERKINS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 16835 PEMBROKE ROAD		Transaction ID: SA11A1.26204
City State Zip Code LEWES DE 19958	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-QUALITY EVAL & IMPROV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. MARY M. PERKINS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 16835 PEMBROKE ROAD		Transaction ID: SA11A1.26205
City State Zip Code LEWES DE 19958	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-QUALITY EVAL & IMPROV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. JEANNE PHILLIPS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 1816 LENAPE -UNIONVILLE RD		Transaction ID: SA11A1.26225
City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-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) ▶	125.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 / 200
	(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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEANNE PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 1816 LENAPE - UNIONVILLE RD		Transaction ID: SA11A1.26226
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. JEANNE PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 1816 LENAPE - UNIONVILLE RD		Transaction ID: SA11A1.26227
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) C. JEANNE PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 1816 LENAPE - UNIONVILLE RD		Transaction ID: SA11A1.26228
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2006

Transaction ID: SA11A1.26229

Amount of Each Receipt this Period
 75.00

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

Mailing Address 1816 LENAPE - UNIONVILLE RD

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2006

Transaction ID: SA11A1.26230

Amount of Each Receipt this Period
 75.00

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

Mailing Address 1816 LENAPE - UNIONVILLE RD

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: SA11A1.26231

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DANIEL S PYLE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 8510 LAKE CLEARWATER LN APT# 1134		Transaction ID: SA11A1.26268	
City INDIANAPOLIS	State IN	Zip Code 46240	Amount of Each Receipt this Period 7.50
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-AREA REHAB SVS II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.50		

Full Name (Last, First, Middle Initial) B. Terry Alison Rappuhn		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2006	
Mailing Address 5038 Hill Place Drive		Transaction ID: SA11A1.25056	
City Nashville	State TN	Zip Code 37205	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. RICHARD REILLY		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 130 DEEP HOLLOW ROAD		Transaction ID: SA11A1.26290	
City KING OF PRUSSIA	State PA	Zip Code 19406	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ASSOCIATE COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) ▶	2042.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICHARD REILLY		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 130 DEEP HOLLOW ROAD		Transaction ID: SA11A1.26291	
City State Zip Code KING OF PRUSSIA PA 19406		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation ASSOCIATE COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. RICHARD REILLY		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 130 DEEP HOLLOW ROAD		Transaction ID: SA11A1.26292	
City State Zip Code KING OF PRUSSIA PA 19406		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation ASSOCIATE COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. RICHARD REILLY		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 130 DEEP HOLLOW ROAD		Transaction ID: SA11A1.26293	
City State Zip Code KING OF PRUSSIA PA 19406		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation ASSOCIATE COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City State Zip Code
KING OF PRUSSIA PA 19406

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ASSOCIATE COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.26294

Amount of Each Receipt this Period
35.00

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

Mailing Address 130 DEEP HOLLOW ROAD

City State Zip Code
KING OF PRUSSIA PA 19406

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ASSOCIATE COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.26295

Amount of Each Receipt this Period
35.00

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

Mailing Address 130 DEEP HOLLOW ROAD

City State Zip Code
KING OF PRUSSIA PA 19406

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ASSOCIATE COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.26296

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
COCKEYSVILLE MD 21030

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.26303

Amount of Each Receipt this Period
110.00

B. Full Name (Last, First, Middle Initial)
ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
COCKEYSVILLE MD 21030

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.26304

Amount of Each Receipt this Period
110.00

C. Full Name (Last, First, Middle Initial)
ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
COCKEYSVILLE MD 21030

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
990.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2006

Transaction ID: SA11A1.26305

Amount of Each Receipt this Period
110.00

SUBTOTAL of Receipts This Page (optional)	▶	330.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT A REITZ		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.26306
City State Zip Code COCKEYSVILLE MD 21030	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00	

Full Name (Last, First, Middle Initial) B. ROBERT A REITZ		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.26307
City State Zip Code COCKEYSVILLE MD 21030	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.00	

Full Name (Last, First, Middle Initial) C. ROBERT A REITZ		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.26308
City State Zip Code COCKEYSVILLE MD 21030	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT A REITZ		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.26309
City State Zip Code COCKEYSVILLE MD 21030	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.00	

Full Name (Last, First, Middle Initial) B. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26317
City State Zip Code DOVER NH 03820	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26318
City State Zip Code DOVER NH 03820	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26319
City DOVER State NH Zip Code 03820	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26320
City DOVER State NH Zip Code 03820	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26321
City DOVER State NH Zip Code 03820	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26322
City DOVER State NH Zip Code 03820	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.26323
City DOVER State NH Zip Code 03820	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26324
City NORTON State MA Zip Code 02766	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26325	
City NORTON	State MA	Zip Code 02766	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26326	
City NORTON	State MA	Zip Code 02766	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26327	
City NORTON	State MA	Zip Code 02766	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT		
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) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26328	
City NORTON	State MA	Amount of Each Receipt this Period 50.00	
Zip Code 02766			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26329	
City NORTON	State MA	Amount of Each Receipt this Period 50.00	
Zip Code 02766			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MARCIA C. SACCO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 100 PLAIN STREET		Transaction ID: SA11A1.26330	
City NORTON	State MA	Amount of Each Receipt this Period 50.00	
Zip Code 02766			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NETWORK DEVELOPMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GURPREET SANDHU		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 58 SPRUCE MEADOWS DRIVE		Transaction ID: SA11A1.26344	
City State Zip Code MONROE NJ 08831		Amount of Each Receipt this Period 16.35	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-NURSING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.55	

Full Name (Last, First, Middle Initial) B. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.26359	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 36.17	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SAFETY & LOSS CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.19	

Full Name (Last, First, Middle Initial) C. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.26360	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 36.17	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SAFETY & LOSS CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 289.36	

SUBTOTAL of Receipts This Page (optional) ▶	88.69
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.26361	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 36.17	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SAFETY & LOSS CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.53	

Full Name (Last, First, Middle Initial) B. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.26362	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 36.17	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SAFETY & LOSS CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 361.70	

Full Name (Last, First, Middle Initial) C. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.26363	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 36.17	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-SAFETY & LOSS CONTROL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 397.87	

SUBTOTAL of Receipts This Page (optional) ▶	108.51
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MARK T SANTOLERI

Mailing Address 1040 BRASSINGTON DRIVE

City State Zip Code
COLLEGEVILLE PA 19426

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SAFETY & LOSS CONTROL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.04

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.26364

Amount of Each Receipt this Period
36.17

B. Full Name (Last, First, Middle Initial)
MARK T SANTOLERI

Mailing Address 1040 BRASSINGTON DRIVE

City State Zip Code
COLLEGEVILLE PA 19426

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SAFETY & LOSS CONTROL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.21

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.26365

Amount of Each Receipt this Period
36.17

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

Mailing Address 5 GAEBEL LANE

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-TAX

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.16

Date of Receipt
MM / DD / YYYY
04 / 07 / 2006

Transaction ID: SA11A1.26373

Amount of Each Receipt this Period
42.88

SUBTOTAL of Receipts This Page (optional)	▶	115.22
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-TAX

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 343.04

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 21 / 2006

Transaction ID: SA11A1.26374

Amount of Each Receipt this Period
42.88

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

Mailing Address 5 GAEBEL LANE

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-TAX

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 385.92

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2006

Transaction ID: SA11A1.26375

Amount of Each Receipt this Period
42.88

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

Mailing Address 5 GAEBEL LANE

City State Zip Code
LANDENBERG PA 19350

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-TAX

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 428.80

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 19 / 2006

Transaction ID: SA11A1.26376

Amount of Each Receipt this Period
42.88

SUBTOTAL of Receipts This Page (optional)	▶	128.64
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ERIC SCHULTHEIS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 5 GAEBEL LANE		Transaction ID: SA11A1.26377
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.68	

Full Name (Last, First, Middle Initial) B. ERIC SCHULTHEIS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 5 GAEBEL LANE		Transaction ID: SA11A1.26378
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 514.56	

Full Name (Last, First, Middle Initial) C. ERIC SCHULTHEIS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 5 GAEBEL LANE		Transaction ID: SA11A1.26379
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 557.44	

SUBTOTAL of Receipts This Page (optional) ▶	128.64
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BETTY SCOTT		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 28656 CLUBHOUSE DRIVE		Transaction ID: SA11A1.26389	
City State Zip Code EASTON MD 21601		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. BETTY SCOTT		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 28656 CLUBHOUSE DRIVE		Transaction ID: SA11A1.26390	
City State Zip Code EASTON MD 21601		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. BETTY SCOTT		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 28656 CLUBHOUSE DRIVE		Transaction ID: SA11A1.26391	
City State Zip Code EASTON MD 21601		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City EASTON State MD Zip Code 21601

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.26392

Amount of Each Receipt this Period
 25.00

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

Mailing Address 28656 CLUBHOUSE DRIVE

City EASTON State MD Zip Code 21601

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.26393

Amount of Each Receipt this Period
 25.00

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

Mailing Address 1641 BOW TREE DRIVE

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-REGIONAL SALES&MKTG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.26405

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: DIRECTOR-REGIONAL SALES&MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.26406

Amount of Each Receipt this Period
15.00

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

Mailing Address 1641 BOW TREE DRIVE

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: DIRECTOR-REGIONAL SALES&MKTG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.26407

Amount of Each Receipt this Period
15.00

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

Mailing Address 5 WALDEN PLACE

City WEST CALDWELL State NJ Zip Code 07006

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

Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2006

Transaction ID: SA11A1.26411

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THOMAS SHEEHY		Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2006
Mailing Address 5 WALDEN PLACE		Transaction ID: SA11A1.26412
City WEST CALDWELL	State NJ	Zip Code 07006
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. THOMAS SHEEHY		Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2006
Mailing Address 5 WALDEN PLACE		Transaction ID: SA11A1.26413
City WEST CALDWELL	State NJ	Zip Code 07006
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. KEN SILVERWOOD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2006
Mailing Address 1520 GENERALS WAY		Transaction ID: SA11A1.26416
City WEST CHESTER	State PA	Zip Code 19380
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-INTERNAL OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEN SILVERWOOD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 1520 GENERALS WAY		Transaction ID: SA11A1.26417
City State Zip Code WEST CHESTER PA 19380	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-INTERNAL OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. KEN SILVERWOOD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1520 GENERALS WAY		Transaction ID: SA11A1.26418
City State Zip Code WEST CHESTER PA 19380	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-INTERNAL OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. KEN SILVERWOOD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 1520 GENERALS WAY		Transaction ID: SA11A1.26419
City State Zip Code WEST CHESTER PA 19380	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-INTERNAL OPERATIONS	
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) ▶	75.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEN SILVERWOOD		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1520 GENERALS WAY		Transaction ID: SA11A1.26420	
City State Zip Code WEST CHESTER PA 19380	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-INTERNAL OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26434	
City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THERAPY MGMT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) C. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2006	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26435	
City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THERAPY MGMT & CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26436	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26437	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26438	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26439	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.26440	
City State Zip Code KENNETT SQUARE PA 19348		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. DEBORAH SOUTAR		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 203 BEAUMONT DRIVE		Transaction ID: SA11A1.26441	
City State Zip Code WALLINGFORD PA 19086		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-GENESIS REHAB SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEBORAH SOUTAR

Mailing Address 203 BEAUMONT DRIVE

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-GENESIS REHAB SVS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 04 / 21 / 2006

Transaction ID: SA11A1.26442

Amount of Each Receipt this Period: 100.00

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

Mailing Address 203 BEAUMONT DRIVE

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-GENESIS REHAB SVS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 05 / 2006

Transaction ID: SA11A1.26443

Amount of Each Receipt this Period: 100.00

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

Mailing Address 203 BEAUMONT DRIVE

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-GENESIS REHAB SVS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt: 05 / 19 / 2006

Transaction ID: SA11A1.26444

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional)	325.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEBORAH SOUTAR

Mailing Address 203 BEAUMONT DRIVE

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-GENESIS REHAB SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt

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

Transaction ID: SA11A1.26445

Amount of Each Receipt this Period

125.00

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

Mailing Address 203 BEAUMONT DRIVE

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-GENESIS REHAB SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt

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

Transaction ID: SA11A1.26446

Amount of Each Receipt this Period

125.00

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

Mailing Address 203 BEAUMONT DRIVE

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-GENESIS REHAB SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.26447

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN STOCKMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 21 SKYLINE DRIVE		Transaction ID: SA11A1.26465	
City GLEN MILLS	State PA	Amount of Each Receipt this Period 20.00	
Zip Code 19342			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ANALYST-ADVISORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. JOHN STOCKMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 21 SKYLINE DRIVE		Transaction ID: SA11A1.26466	
City GLEN MILLS	State PA	Amount of Each Receipt this Period 20.00	
Zip Code 19342			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ANALYST-ADVISORY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. JOHN STOCKMAN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 21 SKYLINE DRIVE		Transaction ID: SA11A1.26467	
City GLEN MILLS	State PA	Amount of Each Receipt this Period 20.00	
Zip Code 19342			
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ANALYST-ADVISORY		
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) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM E STURGIS		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 6505 HILLTOP DRIVE		Transaction ID: SA11A1.26468
City BROOKHAVEN	State PA	Zip Code 19015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.35	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-FINANCIAL ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.45	

Full Name (Last, First, Middle Initial) B. WILLIAM E STURGIS		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 6505 HILLTOP DRIVE		Transaction ID: SA11A1.26469
City BROOKHAVEN	State PA	Zip Code 19015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.35	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-FINANCIAL ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.80	

Full Name (Last, First, Middle Initial) C. WILLIAM E STURGIS		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 6505 HILLTOP DRIVE		Transaction ID: SA11A1.26470
City BROOKHAVEN	State PA	Zip Code 19015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.35	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-FINANCIAL ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.15	

SUBTOTAL of Receipts This Page (optional)	▶	112.05
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City State Zip Code
BROOKHAVEN PA 19015

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-FINANCIAL ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 373.50

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.26471

Amount of Each Receipt this Period
37.35

B. Full Name (Last, First, Middle Initial)
WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City State Zip Code
BROOKHAVEN PA 19015

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-FINANCIAL ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.85

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

Transaction ID: SA11A1.26472

Amount of Each Receipt this Period
37.35

C. Full Name (Last, First, Middle Initial)
WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City State Zip Code
BROOKHAVEN PA 19015

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-FINANCIAL ANALYSIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 448.20

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

Transaction ID: SA11A1.26473

Amount of Each Receipt this Period
37.35

SUBTOTAL of Receipts This Page (optional)	▶	112.05
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM E STURGIS		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 6505 HILLTOP DRIVE		Transaction ID: SA11A1.26474
City BROOKHAVEN	State PA	Zip Code 19015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.35	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-FINANCIAL ANALYSIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.55	

Full Name (Last, First, Middle Initial) B. JAMES W TABAK		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26479
City KENNETT SQUARE	State PA	Zip Code 19348
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. JAMES W TABAK		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26480
City KENNETT SQUARE	State PA	Zip Code 19348
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	▶	197.35
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JAMES W TABAK		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26481
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. JAMES W TABAK		Date of Receipt MM / DD / YYYY 05 / 19 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26482
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. JAMES W TABAK		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26483
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JAMES W TABAK		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26484
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) B. JAMES W TABAK		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 105 MARLBROOKE WAY		Transaction ID: SA11A1.26485
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) C. CESARE TAPINO		Date of Receipt MM / DD / YYYY 05 / 26 / 2006
Mailing Address 605 TROUT DALE TERRACE		Transaction ID: SA11A1.26489
City State Zip Code BEL AIR MD 21014	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CESARE TAPINO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 605 TROUT DALE TERRACE		Transaction ID: SA11A1.26490
City State Zip Code BEL AIR MD 21014	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. CESARE TAPINO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 605 TROUT DALE TERRACE		Transaction ID: SA11A1.26491
City State Zip Code BEL AIR MD 21014	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. RAYMOND L THIVIERGE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 11 GREENWAY ROAD		Transaction ID: SA11A1.26496
City State Zip Code WINDHAM NH 03087	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
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) ▶	60.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RAYMOND L THIVIERGE		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 11 GREENWAY ROAD		Transaction ID: SA11A1.26497	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. RAYMOND L THIVIERGE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 11 GREENWAY ROAD		Transaction ID: SA11A1.26498	
City State Zip Code WINDHAM NH 03087		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. JOSEPH J TRIANA		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 218 CEDAR LAKES ROAD		Transaction ID: SA11A1.26522	
City State Zip Code RIPLEY WV 25271		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation ADMINISTRATOR-SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City State Zip Code
RIPLEY WV 25271

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR-SR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11A1.26523

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City State Zip Code
RIPLEY WV 25271

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR-SR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.26524

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
JOSEPH J TRIANA

Mailing Address 218 CEDAR LAKES ROAD

City State Zip Code
RIPLEY WV 25271

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. ADMINISTRATOR-SR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.26525

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH J TRIANA		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 218 CEDAR LAKES ROAD		Transaction ID: SA11A1.26526
City RIPLEY	State WV	Zip Code 25271
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINISTRATOR-SR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. PERRY VALENTINE		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26527
City HAMPSTEAD	State MD	Zip Code 21074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. PERRY VALENTINE		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26528
City HAMPSTEAD	State MD	Zip Code 21074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
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)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PERRY VALENTINE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26529
City State Zip Code HAMPSTEAD MD 21074	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. PERRY VALENTINE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26530
City State Zip Code HAMPSTEAD MD 21074	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. PERRY VALENTINE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26531
City State Zip Code HAMPSTEAD MD 21074	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PERRY VALENTINE		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26532
City HAMPSTEAD	State MD	Zip Code 21074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. PERRY VALENTINE		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 3675 MANDOLIN DRIVE		Transaction ID: SA11A1.26533
City HAMPSTEAD	State MD	Zip Code 21074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. VICTORIA VALTON		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 112 EDGEWOOD RD		Transaction ID: SA11A1.26538
City TOWSON	State MD	Zip Code 21286
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-EXTERNAL COMMUN	
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)	80.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City State Zip Code
TOWSON MD 21286

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

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

Transaction ID: SA11A1.26539

Amount of Each Receipt this Period
20.00

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

Mailing Address 112 EDGEWOOD RD

City State Zip Code
TOWSON MD 21286

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.26540

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
RENEE L VERRIER-KOCHTE

Mailing Address 6 PEARL DRIVE

City State Zip Code
TOMS RIVER NJ 08753

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: ADMINISTRATOR-EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	6

Transaction ID: SA11A1.26547

Amount of Each Receipt this Period
19.40

SUBTOTAL of Receipts This Page (optional)	▶	59.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) RENEE L VERRIER-KOCHTE Mailing Address 6 PEARL DRIVE City TOMS RIVER State NJ Zip Code 08753 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2006 Transaction ID: SA11A1.26548 Amount of Each Receipt this Period 19.40
Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR-EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.80		

B. Full Name (Last, First, Middle Initial) RENEE L VERRIER-KOCHTE Mailing Address 6 PEARL DRIVE City TOMS RIVER State NJ Zip Code 08753 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2006 Transaction ID: SA11A1.26549 Amount of Each Receipt this Period 19.40
Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: ADMINISTRATOR-EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.20		

C. Full Name (Last, First, Middle Initial) LIBBIE J. WADE Mailing Address 144 PARK BOULEVARD City CLARKSBURG State WV Zip Code 26301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006 Transaction ID: SA11A1.26550 Amount of Each Receipt this Period 50.00
Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: DIRECTOR-ELDERCARE CENTERS REG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	▶	88.80
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LIBBIE J. WADE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2006	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.26551	
City CLARKSBURG	State WV	Zip Code 26301	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. LIBBIE J. WADE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2006	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.26552	
City CLARKSBURG	State WV	Zip Code 26301	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. LIBBIE J. WADE		Date of Receipt M M / D D / Y Y Y Y Y 05 / 19 / 2006	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.26553	
City CLARKSBURG	State WV	Zip Code 26301	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
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)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LIBBIE J. WADE		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.26554	
City State Zip Code CLARKSBURG WV 26301	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. LIBBIE J. WADE		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.26555	
City State Zip Code CLARKSBURG WV 26301	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. LIBBIE J. WADE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.26556	
City State Zip Code CLARKSBURG WV 26301	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Timothy Wade

Mailing Address 11123 Willow Green Way

City Marriottsville State MD Zip Code 21104

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

Name of Employer Genesis HealthCare Corporation Occupation Director Medical Supply Mgmt.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.25063

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
KATHRYN C WEACHOCK

Mailing Address 1810 RIDGEWOOD ROAD

City ORWIGSBURG State PA Zip Code 17961

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.26571

Amount of Each Receipt this Period
 80.00

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

Mailing Address 1810 RIDGEWOOD ROAD

City ORWIGSBURG State PA Zip Code 17961

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.26572

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KATHRYN C WEACHOCK		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 1810 RIDGEWOOD ROAD		Transaction ID: SA11A1.26573	
City ORWIGSBURG	State PA	Zip Code 17961	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) B. KATHRYN C WEACHOCK		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2006	
Mailing Address 1810 RIDGEWOOD ROAD		Transaction ID: SA11A1.26574	
City ORWIGSBURG	State PA	Zip Code 17961	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

Full Name (Last, First, Middle Initial) C. KATHRYN C WEACHOCK		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006	
Mailing Address 1810 RIDGEWOOD ROAD		Transaction ID: SA11A1.26575	
City ORWIGSBURG	State PA	Zip Code 17961	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KATHRYN C WEACHOCK

Mailing Address 1810 RIDGEWOOD ROAD

City State Zip Code
ORWIGSBURG PA 17961

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.26576

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
KATHRYN C WEACHOCK

Mailing Address 1810 RIDGEWOOD ROAD

City State Zip Code
ORWIGSBURG PA 17961

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.26577

Amount of Each Receipt this Period
40.00

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

Mailing Address 42 Eastwood Road

City State Zip Code
Berwyn PA 19312

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

Name of Employer Occupation
Genesis Health Ventures, Inc. Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11A1.25062

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KAREN M WELLS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address P.O. BOX 487		Transaction ID: SA11A1.26582	
City UNIONVILLE	State PA	Zip Code 19375	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation MANAGER-SR CORP ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. KAREN M WELLS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address P.O. BOX 487		Transaction ID: SA11A1.26583	
City UNIONVILLE	State PA	Zip Code 19375	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation MANAGER-SR CORP ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. KAREN M WELLS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address P.O. BOX 487		Transaction ID: SA11A1.26584	
City UNIONVILLE	State PA	Zip Code 19375	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation MANAGER-SR CORP ACCOUNTING		
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) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRANCIS X WERNER		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 119 WOOD LANE		Transaction ID: SA11A1.26590	
City HAVERTOWN	State PA	Zip Code 19083	Amount of Each Receipt this Period 17.02
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-EMPLOYEE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.24		

Full Name (Last, First, Middle Initial) B. FRANCIS X WERNER		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 119 WOOD LANE		Transaction ID: SA11A1.26591	
City HAVERTOWN	State PA	Zip Code 19083	Amount of Each Receipt this Period 17.02
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-EMPLOYEE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26		

Full Name (Last, First, Middle Initial) C. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26599	
City DOWNINGTOWN	State PA	Zip Code 19335	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ▶	74.04
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26600
City DOWNTOWN	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26601
City DOWNTOWN	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26602
City DOWNTOWN	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 182 / 200
	(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

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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26603
City DOWNTOWN	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26604
City DOWNTOWN	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.26605
City DOWNTOWN	State PA	Zip Code 19335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JACK WRIGHT		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address 834 NEWHALL ROAD		Transaction ID: SA11A1.26647
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. JACK WRIGHT		Date of Receipt MM / DD / YYYY 04 / 21 / 2006
Mailing Address 834 NEWHALL ROAD		Transaction ID: SA11A1.26648
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. JACK WRIGHT		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 834 NEWHALL ROAD		Transaction ID: SA11A1.26649
City State Zip Code KENNETT SQUARE PA 19348	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-PROPERTY MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2006

Transaction ID: SA11A1.26650

Amount of Each Receipt this Period
30.00

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

Mailing Address 834 NEWHALL ROAD

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-PROPERTY MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2006

Transaction ID: SA11A1.26651

Amount of Each Receipt this Period
30.00

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

Mailing Address 834 NEWHALL ROAD

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-PROPERTY MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: SA11A1.26652

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 / 200
	<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JACK WRIGHT		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 834 NEWHALL ROAD		Transaction ID: SA11A1.26653
City KENNETT SQUARE	State PA	Zip Code 19348
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. STEPHEN S YOUNG		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006
Mailing Address 807 MERRIMAC LANE PO BOX 766		Transaction ID: SA11A1.26679
City UNIONVILLE	State PA	Zip Code 19375
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR FINANCIAL RPT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. STEPHEN S YOUNG		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006
Mailing Address 807 MERRIMAC LANE PO BOX 766		Transaction ID: SA11A1.26680
City UNIONVILLE	State PA	Zip Code 19375
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR FINANCIAL RPT	
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)	▶	70.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 186 / 200	
	(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

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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 19375

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-SR FINANCIAL RPT

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.26681

Amount of Each Receipt this Period

20.00

260.00

SUBTOTAL of Receipts This Page (optional)	▶	20.00
TOTAL This Period (last page this line number only)	▶	34976.24

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 200
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mellon Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 7th and Market Streets		Transaction ID: SA17.25205	
City Philadelphia State PA Zip Code 19101	Amount of Each Receipt this Period 525.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1877.96	

Full Name (Last, First, Middle Initial) B. Mellon Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 7th and Market Streets		Transaction ID: SA17.25206	
City Philadelphia State PA Zip Code 19101	Amount of Each Receipt this Period 611.02		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2488.98	

Full Name (Last, First, Middle Initial) C. Mellon Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 7th and Market Streets		Transaction ID: SA17.25207	
City Philadelphia State PA Zip Code 19101	Amount of Each Receipt this Period 558.43		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3047.41	

SUBTOTAL of Receipts This Page (optional) ▶	1694.45
TOTAL This Period (last page this line number only) ▶	1694.45

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 188 / 200

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mellon Bank		Transaction ID: SB21B.25209	
Mailing Address 7th and Market Streets		Date of Disbursement 04 / 14 / 2006	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Disbursement this Period 299.25
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mellon Bank		Transaction ID: SB21B.25210	
Mailing Address 7th and Market Streets		Date of Disbursement 05 / 15 / 2006	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Disbursement this Period 299.62
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mellon Bank		Transaction ID: SB21B.25211	
Mailing Address 7th and Market Streets		Date of Disbursement 06 / 15 / 2006	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Disbursement this Period 299.60
Purpose of Disbursement		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	898.47
TOTAL This Period (last page this line number only)	898.47

**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 189 / 200

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE		Transaction ID: SB23.25192
Mailing Address 1201 L Street NW		Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 2000.00
Zip Code 20005		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ANDREWS FOR CONGRESS		Transaction ID: SB23.25131
Mailing Address PO Box 295		Date of Disbursement MM / DD / YYYY 04 / 26 / 2006
City Oaklyn	State NJ	Amount of Each Disbursement this Period 1000.00
Zip Code 08107		
Purpose of Disbursement	Category/Type	
Candidate Name ANDREWS FOR CONGRESS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BEN CARDIN FOR CONGRESS		Transaction ID: SB23.25194
Mailing Address 100 E. Pratt Street 26th Floor		Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
City Baltimore	State MD	Amount of Each Disbursement this Period 1000.00
Zip Code 21202		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 3		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

PAGE 190 / 200

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BOB CASEY FOR PENNSYLVANIA COMMITTEE		Transaction ID: SB23.25130 Date of Disbursement																					
Mailing Address PO BOX 1177		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	4		2	0	0	6														
City HARRISBURG	State PA	Zip Code 17108	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/> 011	<input type="text" value="1000.00"/>																				
Candidate Name BOB CASEY FOR PENNSYLVANIA COMMITTEE		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 00																						

Full Name (Last, First, Middle Initial) B. JOHN A BOEHNER		Transaction ID: SB23.25176 Date of Disbursement																					
Mailing Address 7908-I CINCINNATI DAYTON RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	0		2	0	0	6														
City WEST CHESTER	State OH	Zip Code 45069	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OH	District: 8																						

Full Name (Last, First, Middle Initial) C. Campaign for American Future		Transaction ID: SB23.25187 Date of Disbursement																					
Mailing Address PO Box 1480		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	6														
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 191 / 200

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign for American Future		Transaction ID: SB23.25196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 1480		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20013		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) B. Charles Dent Congress		Transaction ID: SB23.25160 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 3626 Evening Star Terrace		Amount of Each Disbursement this Period 1000.00
City ALLENTOWN State PA Zip Code 18104		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) C. CONGRESSIONAL MAJORITY COMMITTEE		Transaction ID: SB23.25190 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P. O. BOX 746		Amount of Each Disbursement this Period 5000.00
City Bakersfield State CA Zip Code 93302		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PHILIP S ENGLISH		Transaction ID: SB23.25165 Date of Disbursement
Mailing Address 530 WEST SIXTH STREET		<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City ERIE	State PA	Zip Code 16507
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 03	

Full Name (Last, First, Middle Initial) B. Fairmount Cafe		Transaction ID: SB23.25200 Date of Disbursement
Mailing Address 515 Fairmount Avenue Suite 120		<input type="text" value="06"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Towson	State MD	Zip Code 21281
Purpose of Disbursement MD 3rd		Amount of Each Disbursement this Period <input type="text" value="115.24"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. FITZPATRICK FOR CONGRESS		Transaction ID: SB23.25199 Date of Disbursement
Mailing Address 115 North Broad Street		<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Doylestown	State PA	Zip Code 18901
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 08	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6115.24"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FREEDOM FUND		Transaction ID: SB23.25180 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20036		
Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DON SHERWOOD		Transaction ID: SB23.25156 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 81 WARREN STREET		Amount of Each Disbursement this Period 2000.00
City TUNKHANNOCK State PA Zip Code 18657		
Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS		Transaction ID: SB23.25155 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address PO Box 1605		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22313		
Purpose of Disbursement <input type="checkbox"/> Category/Type		
Candidate Name FRIENDS OF JOE PITTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN PETERSON		Transaction ID: SB23.25186 Date of Disbursement
Mailing Address 114 W. State Street PO BOX 295		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Pleasantville	State PA	Zip Code 16341
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 05	

Full Name (Last, First, Middle Initial) B. Friends of Roy Blunt		Transaction ID: SB23.25184 Date of Disbursement
Mailing Address 209 PA Avenue SE		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District: 07	

Full Name (Last, First, Middle Initial) C. JIM GERLACH		Transaction ID: SB23.25139 Date of Disbursement
Mailing Address 649 Deep Hollow Lane		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Chester Springs	State PA	Zip Code 19425
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Edward Kennedy		Transaction ID: SB23.25172 Date of Disbursement 05 / 15 / 2006	
Mailing Address PO Box 1400		Amount of Each Disbursement this Period 2500.00	
City Boston State MA Zip Code 02205	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. KOMPAC		Transaction ID: SB23.25179 Date of Disbursement 06 / 13 / 2006	
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 5000.00	
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.25182 Date of Disbursement 06 / 13 / 2006	
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 3500.00	
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PASCRELL FOR CONGRESS INC.		Transaction ID: SB23.25162 Date of Disbursement																					
Mailing Address 38 Ivy Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	5		2	0	0	6														
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 8																						

Full Name (Last, First, Middle Initial) B. PAULA HOLLINGER CONGRESS		Transaction ID: SB23.25189 Date of Disbursement																					
Mailing Address PO Box 5861		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	6														
City Baltimore	State MD	Zip Code 21282	Amount of Each Disbursement this Period																				
Purpose of Disbursement		2000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) C. PEOPLE FOR ENGLISH		Transaction ID: SB23.25195 Date of Disbursement																					
Mailing Address PO BOX 1940		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	7		2	0	0	6														
City ERIE	State PA	Zip Code 16507	Amount of Each Disbursement this Period																				
Purpose of Disbursement		2000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 03																						

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PRICE FOR CONGRESS		Transaction ID: SB23.25197
Mailing Address PO BOX 425		Date of Disbursement 06 / 30 / 2006
City ROSWELL	State GA	Zip Code 30077
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 06		

Full Name (Last, First, Middle Initial) B. REED COMMITTEE		Transaction ID: SB23.25170
Mailing Address 200 Midway Road Suite 168		Date of Disbursement 05 / 15 / 2006
City Cranston	State RI	Zip Code 02920
Purpose of Disbursement	Amount of Each Disbursement this Period 2000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District: 00		

Full Name (Last, First, Middle Initial) C. SANTORUM VICTORY COMMITTEE		Transaction ID: SB23.25174
Mailing Address 425 SECOND STREET NE		Date of Disbursement 05 / 15 / 2006
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 00		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROB SIMMONS		Transaction ID: SB23.25153	
Mailing Address P.O. Box 268 Drawer 271		Date of Disbursement 05 / 15 / 2006	
City Stonington	State CT	Zip Code 06378	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT	District: 2		

Full Name (Last, First, Middle Initial) B. Talent for Senate		Transaction ID: SB23.25167	
Mailing Address 507 Capitol Court, #100		Date of Disbursement 05 / 15 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO	District: 00		

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

56615.24

**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)

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<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Committee to re-elect Governor Baldacci		Transaction ID: SB29.25143 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address PO Box 786		Amount of Each Disbursement this Period 500.00
City Augustes State MD Zip Code 04332	Purpose of Disbursement ME Governor Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Friends of Heather Mizner		Transaction ID: SB29.25151 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 7210 Maple Avenue		Amount of Each Disbursement this Period 500.00
City Takoma Park State MD Zip Code 20912	Purpose of Disbursement MD Assembly Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Friends of Scott Rifkin		Transaction ID: SB29.25147 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 11 Aston Court		Amount of Each Disbursement this Period 500.00
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Maryland State Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

PAGE 200 / 200

<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)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE		Transaction ID: SB29.25145
Mailing Address 101 EAST STATE STREET		Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
City KENNETT SQUARE	State PA	Zip Code 19348
Purpose of Disbursement Transfer to GHC PAC NJ	Amount of Each Disbursement this Period 3000.00	
Candidate Name	Category/Type 008	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE		Transaction ID: SB29.25146
Mailing Address 101 EAST STATE STREET		Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
City KENNETT SQUARE	State PA	Zip Code 19348
Purpose of Disbursement Transfer to PA State PAC	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/Type 008	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Joe Manchin Campaign 2008		Transaction ID: SB29.25144
Mailing Address 1543 Fairmont Avenue		Date of Disbursement MM / DD / YYYY 05 / 08 / 2006
City Fairmont	State WV	Zip Code 26554
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District:		

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	10500.00