

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		81454.14
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	81454.14									
(c) Total Receipts (from Line 19)	39839.29	39839.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121293.43	121293.43								
7. Total Disbursements (from Line 31)	31359.36	31359.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89934.07	89934.07								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	13744.96	13744.96
(i) Itemized (use Schedule A)	24951.75	24951.75
(ii) Unitemized	38696.71	38696.71
(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)	38696.71	38696.71
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.)	1142.58	1142.58
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))	39839.29	39839.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39839.29	39839.29

DETAILED SUMMARY PAGE

of Disbursements

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.....	899.36	899.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	899.36	899.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23600.00	23600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6860.00	6860.00
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))..	31359.36	31359.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31359.36	31359.36

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)	38696.71	38696.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38696.71	38696.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	899.36	899.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	899.36	899.36

**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 / 60
	<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. DAVID C ALMQUIST		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 811 GRANTLEY COURT		Transaction ID: SA11A1.12286	
City State Zip Code YORK PA 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 ▼ 225.00		

Full Name (Last, First, Middle Initial) B. DAVID C ALMQUIST		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 811 GRANTLEY COURT		Transaction ID: SA11A1.12287	
City State Zip Code YORK PA 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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. DAVID C ALMQUIST		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 811 GRANTLEY COURT		Transaction ID: SA11A1.12288	
City State Zip Code YORK PA 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 ▼ 375.00		

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 7 / 60
	<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 YORK State PA Zip Code 17403

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12289

Amount of Each Receipt this Period
75.00

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

Mailing Address 18 FARM RIDGE COURT

City BALDWIN State MD Zip Code 21013

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 ▼ 215.38

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 12 / 2007

Transaction ID: SA11A1.12309

Amount of Each Receipt this Period
215.38

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

Mailing Address 18 FARM RIDGE COURT

City BALDWIN State MD Zip Code 21013

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 ▼ 430.76

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 26 / 2007

Transaction ID: SA11A1.12310

Amount of Each Receipt this Period
215.38

SUBTOTAL of Receipts This Page (optional)	▶	505.76
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 / 60
	<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
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
646.14

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2007

Transaction ID: SA11A1.12311

Amount of Each Receipt this Period
215.38

B. 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
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
861.52

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2007

Transaction ID: SA11A1.12312

Amount of Each Receipt this Period
215.38

C. 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
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1076.90

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12313

Amount of Each Receipt this Period
215.38

SUBTOTAL of Receipts This Page (optional)	▶	646.14
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 / 60
	<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 BACH		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 18 FARM RIDGE COURT		Transaction ID: SA11A1.12314	
City State Zip Code BALDWIN MD 21013		Amount of Each Receipt this Period 215.38	
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 ▼ 1292.28	

Full Name (Last, First, Middle Initial) B. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.12320	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MICHAEL A. BALDASSARRE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 20 COUNTRY FARM ROAD		Transaction ID: SA11A1.12321	
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	315.38
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 / 60
	<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"/>	<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 03 / 23 / 2007
Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11A1.12330
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. JEFFREY BERENBACH		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.12341
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JEFFREY BERENBACH		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11A1.12342
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 ▼ 300.00	

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 11 / 60
	<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 BERTHA

Mailing Address 212 ARDMORE AVENUE

City HADDONFIELD State NJ Zip Code 08033

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-GEN HOSPITALITY SVS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 23 / 2007

Transaction ID: SA11A1.12348

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
RICHARD P. BLINN

Mailing Address 67 BLOSSOM ROAD

City WINDHAM State NH Zip Code 03087

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 ▼ 400.00

Date of Receipt: 02 / 23 / 2007

Transaction ID: SA11A1.12364

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
RICHARD P. BLINN

Mailing Address 67 BLOSSOM ROAD

City WINDHAM State NH Zip Code 03087

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 ▼ 500.00

Date of Receipt: 03 / 09 / 2007

Transaction ID: SA11A1.12365

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 340.00

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 / 60
	<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 P. BLINN

Mailing Address 67 BLOSSOM ROAD

City State Zip Code
WINDHAM NH 03087

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) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12366

Amount of Each Receipt this Period
100.00

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 Occupation
GENESIS HEALTH VENTURES, INC. VP & REGIONAL CONTROLLER

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

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2007

Transaction ID: SA11A1.12370

Amount of Each Receipt this Period
60.00

C. 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 Occupation
GENESIS HEALTH VENTURES, INC. VP & REGIONAL CONTROLLER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12371

Amount of Each Receipt this Period
60.00

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 13 / 60
	<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 ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12372

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
PAUL T CASS

Mailing Address 804 GENERAL STERLING DRIVE

City State Zip Code
WEST CHESTER PA 19382

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2007

Transaction ID: SA11A1.12431

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
PAUL T CASS

Mailing Address 804 GENERAL STERLING DRIVE

City State Zip Code
WEST CHESTER PA 19382

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
02 / 09 / 2007

Transaction ID: SA11A1.12432

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	360.00
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 / 60
	<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 T CASS		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.12433
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.12434
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) C. PAUL T CASS		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 804 GENERAL STERLING DRIVE		Transaction ID: SA11A1.12435
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 900.00	

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 15 / 60
	<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 1 / 2 9 / 2 0 0 7	
Mailing Address 2117 Fox Creek Road		Transaction ID: SA11A1.12175	
City State Zip Code Berwyn PA 19312	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	PAC contribution		
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. RICHARD E CODY		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 106 DANFORTH PLACE		Transaction ID: SA11A1.12451	
City State Zip Code WILIMINGTON DE 19810	Amount of Each Receipt this Period 46.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-INFORMATION SYSTEMS 2		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. RICHARD E CODY		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 106 DANFORTH PLACE		Transaction ID: SA11A1.12452	
City State Zip Code WILIMINGTON DE 19810	Amount of Each Receipt this Period 46.00		
FEC ID number of contributing federal political committee. C			
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-INFORMATION SYSTEMS 2		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00		

SUBTOTAL of Receipts This Page (optional) ▶	1092.00
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 / 60
	<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"/>	<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)
EILEEN M. COGGINS

Mailing Address 406 N. ESSEX AVENUE

City NARBERTH State PA Zip Code 19072

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: SR VP-GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 09 / 2007

Transaction ID: SA11A1.12457

Amount of Each Receipt this Period
 45.00

B. Full Name (Last, First, Middle Initial)
EILEEN M. COGGINS

Mailing Address 406 N. ESSEX AVENUE

City NARBERTH State PA Zip Code 19072

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

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: SR VP-GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2007

Transaction ID: SA11A1.12458

Amount of Each Receipt this Period
 45.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City WEST CHESTER State PA Zip Code 19382

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 09 / 2007

Transaction ID: SA11A1.12517

Amount of Each Receipt this Period
 50.00

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 17 / 60
	<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)
JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City WEST CHESTER State PA Zip Code 19382

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12518

Amount of Each Receipt this Period
50.00

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

Mailing Address 1 DUBB DRIVE

City NEWARK State DE Zip Code 19702

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: DIRECTOR-CORPORATE BILLING SYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12559

Amount of Each Receipt this Period
50.00

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

Mailing Address 1 DUBB DRIVE

City NEWARK State DE Zip Code 19702

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

Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: DIRECTOR-CORPORATE BILLING SYS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12560

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 18 / 60
	<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 DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.12550
City WEST GROVE	State PA	Zip Code 19390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.00
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) B. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.12551
City WEST GROVE	State PA	Zip Code 19390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.00
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 ▼ 405.00	

Full Name (Last, First, Middle Initial) C. THOMAS DIVITTORIO		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 20 SHEFFIELD DRIVE		Transaction ID: SA11A1.12552
City WEST GROVE	State PA	Zip Code 19390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.00
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 ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	▶	405.00
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 / 60
	<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)
THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City WEST GROVE State PA Zip Code 19390

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12553

Amount of Each Receipt this Period
135.00

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

Mailing Address 20 SHEFFIELD DRIVE

City WEST GROVE State PA Zip Code 19390

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12554

Amount of Each Receipt this Period
135.00

C. Full Name (Last, First, Middle Initial)
HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City MORGANTOWN State WV Zip Code 26505

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-CLINICAL SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.79

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12646

Amount of Each Receipt this Period
35.99

SUBTOTAL of Receipts This Page (optional)	▶	305.99
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 / 60
	<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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2007

Transaction ID: SA11A1.12176

Amount of Each Receipt this Period
350.00

PAC contribution

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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: SA11A1.12679

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11A1.12680

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
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 21 / 60
	<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) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12681

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) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12682

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) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12693

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 22 / 60
	<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)
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) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12694

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JOHN F FUREY

Mailing Address 39 BUTTONWOOD DRIVE

City State Zip Code
WOODSTOWN NJ 08098

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12708

Amount of Each Receipt this Period
40.00

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) ▼ 204.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12726

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional)	▶	107.00
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 / 60
	<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)
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) ▼ 221.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: SA11A1.12727

Amount of Each Receipt this Period
17.00

B. Full Name (Last, First, Middle Initial)
NANCY E GRIMES

Mailing Address 405 GREENWOOD AVENUE

City State Zip Code
WYNCOTE PA 19095

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-CLINICAL SVS

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

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2007

Transaction ID: SA11A1.12737

Amount of Each Receipt this Period
65.00

C. Full Name (Last, First, Middle Initial)
NANCY E GRIMES

Mailing Address 405 GREENWOOD AVENUE

City State Zip Code
WYNCOTE PA 19095

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-CLINICAL SVS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12738

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional)	▶	147.00
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 / 60
	<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)
NANCY E GRIMES

Mailing Address 405 GREENWOOD AVENUE

City WYNCOTE State PA Zip Code 19095

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CLINICAL SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2007

Transaction ID: SA11A1.12739

Amount of Each Receipt this Period
 65.00

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

Mailing Address 312 LEE ROAD

City FOLLANSBEE State WV Zip Code 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
 M M / D D / Y Y Y Y Y
 02 / 09 / 2007

Transaction ID: SA11A1.12754

Amount of Each Receipt this Period
 100.00

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

Mailing Address 312 LEE ROAD

City FOLLANSBEE State WV Zip Code 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 23 / 2007

Transaction ID: SA11A1.12755

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	▶	265.00
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 / 60
	<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. KATHY L HADDON		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 312 LEE ROAD		Transaction ID: SA11A1.12756
City State Zip Code FOLLANSBEE WV 26037	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 ADMINISTRATOR	
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. KATHY L HADDON		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 312 LEE ROAD		Transaction ID: SA11A1.12757
City State Zip Code FOLLANSBEE WV 26037	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 ADMINISTRATOR	
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. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2007
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.12779
City State Zip Code NORTH WALES PA 19454	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 & TREASURER	
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) ▶	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 26 / 60
	<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. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.12780	
City NORTH WALES	State PA	Amount of Each Receipt this Period 75.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.12781	
City NORTH WALES	State PA	Amount of Each Receipt this Period 75.00	
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 ▼ 375.00		

Full Name (Last, First, Middle Initial) C. BARBARA J. HAUSWALD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 413 FOREST LANE		Transaction ID: SA11A1.12782	
City NORTH WALES	State PA	Amount of Each Receipt this Period 75.00	
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		

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 27 / 60
	<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 0 2 / 2 3 / 2 0 0 7	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.12786	
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 ▼ 214.28		

Full Name (Last, First, Middle Initial) B. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.12787	
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 ▼ 267.85		

Full Name (Last, First, Middle Initial) C. KATHRYN HEFLIN		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11A1.12788	
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 ▼ 321.42		

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 28 / 60
	<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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.12869

Amount of Each Receipt this Period
125.00

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.12870

Amount of Each Receipt this Period
125.00

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.12871

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 29 / 60
	<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 ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.12872

Amount of Each Receipt this Period
125.00

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12873

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 19087

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP GOVERNMENT RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 09 / 2007

Transaction ID: SA11A1.12918

Amount of Each Receipt this Period
100.00

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 30 / 60
	<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)
LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 19087

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP GOVERNMENT RELATIONS

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 2 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.12919

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 19087

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP GOVERNMENT RELATIONS

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 3 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.12920

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LAURENCE F. LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 19087

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. VP GOVERNMENT RELATIONS

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 3 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.12921

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 31 / 60
	<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 03 / 09 / 2007	
Mailing Address 29 SOUTH ORCHARD DRIVE		Transaction ID: SA11A1.12960	
City AMHERST	State MA	Amount of Each Receipt this Period 50.00	
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: <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. MARK LEVY		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 29 SOUTH ORCHARD DRIVE		Transaction ID: SA11A1.12961	
City AMHERST	State MA	Amount of Each Receipt this Period 50.00	
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: <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. JOHN F. LOOME		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 3523 RUNNYMEDE PLAGE,NW		Transaction ID: SA11A1.12984	
City WASHINGTON	State DC	Amount of Each Receipt this Period 50.00	
Zip Code 20015			
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 ▼ 250.00		

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 32 / 60
	<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)
JOHN F. LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City State Zip Code
WASHINGTON DC 20015

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-REGIONAL MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.12985

Amount of Each Receipt this Period
50.00

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

Mailing Address 602 S. CONCORD ROAD

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-SR LABOR MGMT

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13034

Amount of Each Receipt this Period
50.00

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

Mailing Address 602 S. CONCORD ROAD

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-SR LABOR MGMT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13035

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 33 / 60
	<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 ▼
306.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2007

Transaction ID: SA11A1.13049

Amount of Each Receipt this Period
153.00

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 ▼
459.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2007

Transaction ID: SA11A1.13050

Amount of Each Receipt this Period
153.00

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 ▼
614.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2007

Transaction ID: SA11A1.13051

Amount of Each Receipt this Period
155.00

SUBTOTAL of Receipts This Page (optional)	▶	461.00
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 / 60
	<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"/>	<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)
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 Occupation
GENESIS HEALTH VENTURES, INC. EXECUTIVE VP FINANCE & CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 769.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13052

Amount of Each Receipt this Period
155.00

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 Occupation
GENESIS HEALTH VENTURES, INC. EXECUTIVE VP FINANCE & CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 924.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13053

Amount of Each Receipt this Period
155.00

C. Full Name (Last, First, Middle Initial)
LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City State Zip Code
NEWBURYPORT MA 01950

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-REGIONAL SALES AND MTKG

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13117

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	360.00
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 / 60
	<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)
LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City State Zip Code
NEWBURYPORT MA 01950

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-REGIONAL SALES AND MTKG

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13118

Amount of Each Receipt this Period
50.00

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

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code
PHOENIX MD 21131

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13123

Amount of Each Receipt this Period
50.00

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

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code
PHOENIX MD 21131

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13124

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 36 / 60
	<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. JEANNE PHILLIPS		Date of Receipt MM / DD / YYYY 02 / 09 / 2007
Mailing Address 1816 LENAPE - UNIONVILLE RD		Transaction ID: SA11A1.13201
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. JEANNE PHILLIPS		Date of Receipt MM / DD / YYYY 02 / 23 / 2007
Mailing Address 1816 LENAPE - UNIONVILLE RD		Transaction ID: SA11A1.13202
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. JEANNE PHILLIPS		Date of Receipt MM / DD / YYYY 03 / 09 / 2007
Mailing Address 1816 LENAPE - UNIONVILLE RD		Transaction ID: SA11A1.13203
City WEST CHESTER	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 500.00	

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 37 / 60
	<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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2007

Transaction ID: SA11A1.13204

Amount of Each Receipt this Period
 100.00

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

Mailing Address 130 DEEP HOLLOW ROAD

City KING OF PRUSSIA State PA Zip Code 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2007

Transaction ID: SA11A1.13279

Amount of Each Receipt this Period
 40.00

C. Full Name (Last, First, Middle Initial)
ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City COCKEYSVILLE State MD Zip Code 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 ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 26 / 2007

Transaction ID: SA11A1.13288

Amount of Each Receipt this Period
 130.00

SUBTOTAL of Receipts This Page (optional)	▶	270.00
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 / 60
	<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 Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.13289
City COCKEYSVILLE	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) B. ROBERT A REITZ		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.13290
City COCKEYSVILLE	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) C. ROBERT A REITZ		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.13291
City COCKEYSVILLE	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	390.00
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 / 60
	<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 03 / 23 / 2007	
Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11A1.13292	
City State Zip Code COCKEYSVILLE MD 21030	Amount of Each Receipt this Period 130.00		
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 ▼ 780.00		

Full Name (Last, First, Middle Initial) B. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.13303	
City State Zip Code DOVER NH 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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. CRAIG S. ROWLEY		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 15 RUTLAND STREET		Transaction ID: SA11A1.13304	
City State Zip Code DOVER NH 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	230.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 60
	<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)
CRAIG S. ROWLEY

Mailing Address 15 RUTLAND STREET

City DOVER State NH Zip Code 03820

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 ▼ 350.00

Date of Receipt: 03 / 30 / 2007

Transaction ID: SA11A1.13305

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MARCIA C. SACCO

Mailing Address 100 PLAIN STREET

City NORTON State MA Zip Code 02766

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

Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: DIRECTOR-NETWORK DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2007

Transaction ID: SA11A1.13329

Amount of Each Receipt this Period: 50.00

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

Mailing Address 100 PLAIN STREET

City NORTON State MA Zip Code 02766

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

Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: DIRECTOR-NETWORK DEVELOPMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2007

Transaction ID: SA11A1.13330

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 41 / 60
	<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 T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.13359	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 56.89	
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 ▼ 227.56	

Full Name (Last, First, Middle Initial) B. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.13360	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 56.89	
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 ▼ 284.45	

Full Name (Last, First, Middle Initial) C. MARK T SANTOLERI		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 1040 BRASSINGTON DRIVE		Transaction ID: SA11A1.13361	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 58.60	
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 ▼ 343.05	

SUBTOTAL of Receipts This Page (optional) ▶	172.38
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 / 60
	<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 03 / 09 / 2007	
Mailing Address 5 GAEBEL LANE		Transaction ID: SA11A1.13389	
City LANDENBERG	State PA	Amount of Each Receipt this Period 42.88	
Zip Code 19350		Amount of Each Receipt this Period 42.88	
FEC ID number of contributing federal political committee. C			
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 ▼ 214.40		

Full Name (Last, First, Middle Initial) B. ERIC SCHULTHEIS		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 5 GAEBEL LANE		Transaction ID: SA11A1.13390	
City LANDENBERG	State PA	Amount of Each Receipt this Period 42.88	
Zip Code 19350		Amount of Each Receipt this Period 42.88	
FEC ID number of contributing federal political committee. C			
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 ▼ 257.28		

Full Name (Last, First, Middle Initial) C. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2007	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.13450	
City KENNETT SQUARE	State PA	Amount of Each Receipt this Period 60.00	
Zip Code 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 ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	145.76
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 / 60
	<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 03 / 09 / 2007	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.13451	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. LOU ANN SOIKA		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 65 DEER PATH ROAD		Transaction ID: SA11A1.13452	
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) C. DEBORAH SOUTAR		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2007	
Mailing Address 203 BEAUMONT DRIVE		Transaction ID: SA11A1.13454	
City State Zip Code WALLINGFORD PA 19086		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 PRESIDENT-GENESIS REHAB SVS	
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) ▶	245.00
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 / 60
	<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)
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 ▼ 375.00

Date of Receipt: 02 / 09 / 2007

Transaction ID: SA11A1.13455

Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR

City WILMINGTON State DE Zip Code 19809

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

Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: DIRECTOR-PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.57

Date of Receipt: 03 / 09 / 2007

Transaction ID: SA11A1.13475

Amount of Each Receipt this Period: 36.43

C. Full Name (Last, First, Middle Initial)
RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR

City WILMINGTON State DE Zip Code 19809

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

Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: DIRECTOR-PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.63

Date of Receipt: 03 / 23 / 2007

Transaction ID: SA11A1.13476

Amount of Each Receipt this Period: 37.06

SUBTOTAL of Receipts This Page (optional)	▶	198.49
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 / 60
	<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 ▼ 224.10

Date of Receipt
MM / DD / YYYY
03 / 23 / 2007

Transaction ID: SA11A1.13493

Amount of Each Receipt this Period
37.35

B. Full Name (Last, First, Middle Initial)
JAMES W TABAK

Mailing Address 105 MARLBROOKE WAY

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. SR VP-HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: SA11A1.13503

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
JAMES W TABAK

Mailing Address 105 MARLBROOKE WAY

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. SR VP-HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2007

Transaction ID: SA11A1.13504

Amount of Each Receipt this Period
80.00

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 46 / 60
	<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 W TABAK

Mailing Address 105 MARLBROOKE WAY

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
SR VP-HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13505

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
JAMES W TABAK

Mailing Address 105 MARLBROOKE WAY

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
SR VP-HUMAN RESOURCES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13506

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
RAYMOND L THIVIERGE

Mailing Address 11 GREENWAY ROAD

City State Zip Code
WINDHAM NH 03087

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13521

Amount of Each Receipt this Period
50.00

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 47 / 60
	<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)
RAYMOND L THIVIERGE

Mailing Address 11 GREENWAY ROAD

City State Zip Code
WINDHAM NH 03087

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13522

Amount of Each Receipt this Period
50.00

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

Mailing Address 3675 MANDOLIN DRIVE

City State Zip Code
HAMPSTEAD MD 21074

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

Name of Employer Occupation
GENESIS HEALTH VENTURES, INC. DIRECTOR-HOSPITALITY SERVICES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.13577

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
LIBBIE J. WADE

Mailing Address 144 PARK BOULEVARD

City State Zip Code
CLARKSBURG WV 26301

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) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2007

Transaction ID: SA11A1.13598

Amount of Each Receipt this Period
50.00

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 48 / 60
	<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"/>	<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 03 / 23 / 2007	
Mailing Address 144 PARK BOULEVARD		Transaction ID: SA11A1.13599	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. KATHRYN C WEACHOCK		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1810 RIDGEWOOD ROAD		Transaction ID: SA11A1.13633	
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 ▼ 240.00		

Full Name (Last, First, Middle Initial) C. JOSEPH W. WILKS		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 101 KINSTON LN		Transaction ID: SA11A1.13657	
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 SYSTM		
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)	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:		PAGE 49 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Patricia Worhunsy-Quinn

Mailing Address 45 Prospect Street

City State Zip Code
 Terryville CT 06786

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

Name of Employer
 Genesis HealthCare Corporation

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

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

Transaction ID: SA11A1.12179

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	13744.96

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 / 60
	<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) Mellon Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 7th and Market Streets		Transaction ID: SA17.12245	
City Philadelphia State PA Zip Code 19101	Amount of Each Receipt this Period 359.07		
FEC ID number of contributing federal political committee. C		Bank dividend	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.07		

Full Name (Last, First, Middle Initial) Mellon Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 7th and Market Streets		Transaction ID: SA17.12246	
City Philadelphia State PA Zip Code 19101	Amount of Each Receipt this Period 359.39		
FEC ID number of contributing federal political committee. C		Bank Dividend	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 718.46		

Full Name (Last, First, Middle Initial) Mellon Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 7th and Market Streets		Transaction ID: SA17.12247	
City Philadelphia State PA Zip Code 19101	Amount of Each Receipt this Period 424.12		
FEC ID number of contributing federal political committee. C		Bank Dividend	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.58		

SUBTOTAL of Receipts This Page (optional) ▶	1142.58
TOTAL This Period (last page this line number only) ▶	1142.58

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

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

FOR LINE NUMBER: (check only one)

<input 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.12248	
Mailing Address 7th and Market Streets		Date of Disbursement 01 / 12 / 2007	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Disbursement this Period 299.72
Purpose of Disbursement Bank fees		001	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. Mellon Bank		Transaction ID: SB21B.12249	
Mailing Address 7th and Market Streets		Date of Disbursement 02 / 15 / 2007	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Disbursement this Period 299.83
Purpose of Disbursement Bank fees		001	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) C. Mellon Bank		Transaction ID: SB21B.12250	
Mailing Address 7th and Market Streets		Date of Disbursement 03 / 15 / 2007	
City Philadelphia	State PA	Zip Code 19101	Amount of Each Disbursement this Period 299.81
Purpose of Disbursement Bank fees		001	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:			

SUBTOTAL of Disbursements This Page (optional)	899.36
TOTAL This Period (last page this line number only)	899.36

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 52 / 60

<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 MARYLAND		Transaction ID: SB23.12234 Date of Disbursement
Mailing Address 220 BROADWAY		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City CENTREVILLE	State MD	Zip Code 21617
Purpose of Disbursement	<input type="text" value="011"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. CARNEY FOR CONGRESS		Transaction ID: SB23.12238 Date of Disbursement
Mailing Address PO Box A		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Clarks Summit	State PA	Zip Code 18411
Purpose of Disbursement	<input type="text"/> Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input 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: PA District: 10		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. CARPER FOR SENATE		Transaction ID: SB23.12214 Date of Disbursement
Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City NEW CASTLE	State DE	Zip Code 19720
Purpose of Disbursement	<input type="text"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: DE District: 00		
		Amount of Each Disbursement this Period <input type="text" value="600.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2600.00"/>
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 53 / 60

<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. CASTLE CAMPAIGN FUND		Transaction ID: SB23.12236	
Mailing Address PO Box 133		Date of Disbursement 03 / 09 / 2007	
City Wilmington	State DE	Zip Code 19899	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: DE	District: 01		

Full Name (Last, First, Middle Initial) B. DAKPAC		Transaction ID: SB23.12219	
Mailing Address		Date of Disbursement 03 / 05 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type 011	
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) C. FRIENDS OF CONGRESSMAN TIM HOLDEN		Transaction ID: SB23.12230	
Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37		Date of Disbursement 03 / 09 / 2007	
City SAINT CLAIR	State PA	Zip Code 17970	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 17		

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF JIM CLYBURN		Transaction ID: SB23.12224 Date of Disbursement																					
Mailing Address PO Box 12567		<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>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	7														
City Columbia	State SC	Zip Code 29211	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text" value="011"/>	<input type="text" value="1500.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input 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: SC	District: 6																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE PITTS		Transaction ID: SB23.12213 Date of Disbursement																					
Mailing Address PO Box 1605		<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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	2		2	0	0	7														
City Alexandria	State VA	Zip Code 22313	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text" value=""/>	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS		Transaction ID: SB23.12229 Date of Disbursement																					
Mailing Address PO Box 1605		<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>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	0	7														
City Alexandria	State VA	Zip Code 22313	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text" value="011"/>	<input type="text" value="1000.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input 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:	District:																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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: SB23.12233 Date of Disbursement
Mailing Address 114 W. State Street PO BOX 295		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City Pleasantville	State PA	Zip Code 16341
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF ROY BLUNT		Transaction ID: SB23.12226 Date of Disbursement
Mailing Address PO Box 50100 PO Box 50100		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City Springfield	State MO	Zip Code 65805
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
State: MO District: 07		

Full Name (Last, First, Middle Initial) C. JIM GERLACH		Transaction ID: SB23.12228 Date of Disbursement
Mailing Address 649 Deep Hollow Lane		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City Chester Springs	State PA	Zip Code 19425
Purpose of Disbursement	<input type="text" value="011"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
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)

<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. MIKULSKI FOR SENATE COMMITTEE		Transaction ID: SB23.12216 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address P O B 13147		Amount of Each Disbursement this Period 1000.00
City BALTIMORE State MD Zip Code 21203	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: SB23.12222 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PEOPLE FOR ENGLISH		Transaction ID: SB23.12227 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address PO BOX 1940		Amount of Each Disbursement this Period 1000.00
City ERIE State PA Zip Code 16507	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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. SCHWARZ FOR CONGRESS		Transaction ID: SB23.12221																					
Mailing Address POST OFFICE BOX 2063		Date of Disbursement																					
City BATTLE CREEK State MI Zip Code 49016		<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>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																			
2000.00																							
State: MI District: 07																							

Full Name (Last, First, Middle Initial) B. STABENOW FOR US SENATE		Transaction ID: SB23.12217																					
Mailing Address PO BOX 4945		Date of Disbursement																					
City EAST LANSING State MI Zip Code 48826		<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>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	0		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
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) ▼	<table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																			
2500.00																							
State: MI District: 00																							

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

23600.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Barbour for Governor		Transaction ID: SB29.12203 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 3517 Surrey Drive		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22309	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rob Gargiola		Transaction ID: SB29.12200 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00
City Gemertown State MD Zip Code 20875	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Greater Philadelphia Chamber of Commerce		Transaction ID: SB29.12206 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 200 South Broad St.		Amount of Each Disbursement this Period 100.00
City Philadelphia State PA Zip Code 19102	007 Category/ Type	
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) ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Greater Philadelphia Chamber of Commerce		Transaction ID: SB29.12207
Mailing Address 200 South Broad St.		Date of Disbursement MM / DD / YYYY 03 / 05 / 2007
City Philadelphia	State PA	Amount of Each Disbursement this Period <input type="text" value="600.00"/>
Zip Code 19102		
Purpose of Disbursement		Category/ Type <input type="text" value="007"/>
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. Health Facilities Association of Maryland		Transaction ID: SB29.12240
Mailing Address 7135 Minstrel Way Suite 104		Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
City Columbia	State MD	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Zip Code 21045		
Purpose of Disbursement		Category/ Type <input type="text" value="011"/>
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) C. Internal Revenue Service		Transaction ID: SB29.12243
Mailing Address Department of Treasury		Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
City Ogden	State UT	Amount of Each Disbursement this Period <input type="text" value="660.00"/>
Zip Code 84201		
Purpose of Disbursement 1120 POL 06		Category/ Type <input type="text"/>
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:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3260.00"/>
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 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. Supporters of Thomas 'Mac' Middleton		Transaction ID: SB29.12201																					
Mailing Address PO Box 2502		Date of Disbursement																					
City LaPlata State MD Zip Code 20646		<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>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	8		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010																					
State: MD District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. VHCA PAC		Transaction ID: SB29.12208																					
Mailing Address 2112 W. Leburium, Suite 206		Date of Disbursement																					
City Richmond State VA Zip Code 23277		<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>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:																					
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	6860.00