

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

2. **FEC IDENTIFICATION NUMBER** C00292094
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer LAURENCE F. LANE

Signature of Treasurer Electronically Filed by LAURENCE F. LANE Date 04 12 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		28218.56
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	28218.56									
(c) Total Receipts (from Line 19)	42013.38	42013.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70231.94	70231.94								
7. Total Disbursements (from Line 31)	24285.00	24285.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45946.94	45946.94								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17398.69	17398.69
(ii) Unitemized	24614.69	24614.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42013.38	42013.38
(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)	42013.38	42013.38
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42013.38	42013.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42013.38	42013.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	900.00	900.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	900.00	900.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21130.00	21130.00
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.....	2255.00	2255.00
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))..	24285.00	24285.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24285.00	24285.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	42013.38	42013.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42013.38	42013.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	900.00	900.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	900.00	900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
CHRISTINE M ALLEN

Mailing Address 209 NORTH DEERWOOD DRIVE

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-COMMUNITY BASED SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.30924
Amount of Each Receipt this Period: 50.00

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

Mailing Address 811 GRANTLEY COURT

City State Zip Code
YORK PA 17403

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 22 / 2010
Transaction ID: SA11AI.30926
Amount of Each Receipt this Period: 150.00

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

Mailing Address 811 GRANTLEY COURT

City State Zip Code
YORK PA 17403

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: SA11AI.30927
Amount of Each Receipt this Period: 150.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<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) DAVID C ALMQUIST	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 811 GRANTLEY COURT	Transaction ID: SA11AI.30928
	City YORK State PA Zip Code 17403	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-DIVISIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) DAVID C ALMQUIST	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 811 GRANTLEY COURT	Transaction ID: SA11AI.30929
	City YORK State PA Zip Code 17403	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-DIVISIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) DAVID C ALMQUIST	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 811 GRANTLEY COURT	Transaction ID: SA11AI.30930
	City YORK State PA Zip Code 17403	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTH VENTURES, INC. Occupation: PRESIDENT-DIVISIONAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) PAUL BACH</p> <p>Mailing Address 18 FARM RIDGE COURT</p> <p>City State Zip Code BALDWIN MD 21013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GENESIS HEALTH VENTURES, INC.</p> <p>Occupation VP-SR CENTERS OPERATIONS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 215.38</p>	<p>Date of Receipt <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 1 / 0 8 / 2 0 1 0</td> </tr> </table> <p>Transaction ID: SA11AI.30943</p> <p>Amount of Each Receipt this Period 215.38</p> </p>	M M / D D / Y Y Y Y	0 1 / 0 8 / 2 0 1 0
M M / D D / Y Y Y Y			
0 1 / 0 8 / 2 0 1 0			

<p>B. Full Name (Last, First, Middle Initial) PAUL BACH</p> <p>Mailing Address 18 FARM RIDGE COURT</p> <p>City State Zip Code BALDWIN MD 21013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GENESIS HEALTH VENTURES, INC.</p> <p>Occupation VP-SR CENTERS OPERATIONS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 430.76</p>	<p>Date of Receipt <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 1 / 2 2 / 2 0 1 0</td> </tr> </table> <p>Transaction ID: SA11AI.30944</p> <p>Amount of Each Receipt this Period 215.38</p> </p>	M M / D D / Y Y Y Y	0 1 / 2 2 / 2 0 1 0
M M / D D / Y Y Y Y			
0 1 / 2 2 / 2 0 1 0			

<p>C. Full Name (Last, First, Middle Initial) PAUL BACH</p> <p>Mailing Address 18 FARM RIDGE COURT</p> <p>City State Zip Code BALDWIN MD 21013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GENESIS HEALTH VENTURES, INC.</p> <p>Occupation VP-SR CENTERS OPERATIONS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 646.14</p>	<p>Date of Receipt <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 2 / 0 5 / 2 0 1 0</td> </tr> </table> <p>Transaction ID: SA11AI.30945</p> <p>Amount of Each Receipt this Period 215.38</p> </p>	M M / D D / Y Y Y Y	0 2 / 0 5 / 2 0 1 0
M M / D D / Y Y Y Y			
0 2 / 0 5 / 2 0 1 0			

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 77
	<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		Date of Receipt
	Mailing Address 18 FARM RIDGE COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	BALDWIN	MD	21013
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30946
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 861.52	<input type="text"/> 215.38

B.	Full Name (Last, First, Middle Initial) PAUL BACH		Date of Receipt
	Mailing Address 18 FARM RIDGE COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	City	State	Zip Code
	BALDWIN	MD	21013
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30947
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1076.90	<input type="text"/> 215.38

C.	Full Name (Last, First, Middle Initial) PAUL BACH		Date of Receipt
	Mailing Address 18 FARM RIDGE COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	City	State	Zip Code
	BALDWIN	MD	21013
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30948
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-SR CENTERS OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1292.28	<input type="text"/> 215.38

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 646.14
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<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) ALEX BELL		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1600 GARRETT ROAD, APT. A-204		Transaction ID: SA11AI.30954
	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	Aggregate Year-to-Date 240.00

B.	Full Name (Last, First, Middle Initial) JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 01 / 22 / 2010
	Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11AI.30968
	City KINGSVILLE	State MD	Zip Code 21087
	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 DIRECTOR-ELDERCARE CENTERS REG	Aggregate Year-to-Date 300.00

C.	Full Name (Last, First, Middle Initial) JEFFREY BERENBACH		Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 8007 YELLOWSTONE RD		Transaction ID: SA11AI.30969
	City KINGSVILLE	State MD	Zip Code 21087
	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 DIRECTOR-ELDERCARE CENTERS REG	Aggregate Year-to-Date 450.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City Kingsville State MD Zip Code 21087

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 ▼ 600.00

Date of Receipt: MM / DD / YYYY 02 / 19 / 2010

Transaction ID: SA11AI.30970

Amount of Each Receipt this Period 150.00

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

Mailing Address 8007 YELLOWSTONE RD

City Kingsville State MD Zip Code 21087

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 ▼ 750.00

Date of Receipt: MM / DD / YYYY 03 / 05 / 2010

Transaction ID: SA11AI.30971

Amount of Each Receipt this Period 150.00

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

Mailing Address 8007 YELLOWSTONE RD

City Kingsville State MD Zip Code 21087

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 ▼ 900.00

Date of Receipt: MM / DD / YYYY 03 / 19 / 2010

Transaction ID: SA11AI.30972

Amount of Each Receipt this Period 150.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 77
	<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) GARY B BERNETT		Date of Receipt
Mailing Address 429 COLLEGE AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code HAVERFORD PA 19041		<input type="text"/> 03 / <input type="text"/> 05 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30977
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 250.00

B.

Full Name (Last, First, Middle Initial) GARY B BERNETT		Date of Receipt
Mailing Address 429 COLLEGE AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code HAVERFORD PA 19041		<input type="text"/> 03 / <input type="text"/> 19 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30978
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 300.00

C.

Full Name (Last, First, Middle Initial) DAVID BERTHA		Date of Receipt
Mailing Address 212 ARDMORE AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code HADDONFIELD NJ 08033		<input type="text"/> 03 / <input type="text"/> 19 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30984
Name of Employer GENESIS HEALTH VENTURES, INC.		Amount of Each Receipt this Period
Occupation PRESIDENT-GEN HOSPITALITY SVS		<input type="text"/> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 240.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 140.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JUDITH 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: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31002
 Amount of Each Receipt this Period: 35.00

B. 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: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 22 / 2010
Transaction ID: SA11AI.31004
 Amount of Each Receipt this Period: 150.00

C. 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: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: SA11AI.31005
 Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► 335.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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
GENESIS HEALTH VENTURES, INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.31006

Amount of Each Receipt this Period
150.00

B.

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
GENESIS HEALTH VENTURES, INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31007

Amount of Each Receipt this Period
150.00

C.

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
GENESIS HEALTH VENTURES, INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31008

Amount of Each Receipt this Period
150.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 77
	<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	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 11 CONCORD WAY	Transaction ID: SA11AI.31011
	City State Zip Code CHADDS FORD PA 19317	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 VP & REGIONAL CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 11 CONCORD WAY	Transaction ID: SA11AI.31012
	City State Zip Code CHADDS FORD PA 19317	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 VP & REGIONAL CONTROLLER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 11 CONCORD WAY	Transaction ID: SA11AI.31013
	City State Zip Code CHADDS FORD PA 19317	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 VP & REGIONAL CONTROLLER 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
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 ▼ 450.00

Date of Receipt: MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31014

Amount of Each Receipt this Period: 75.00

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

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code
BALTIMORE MD 21237

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31025

Amount of Each Receipt this Period: 50.00

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

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code
BALTIMORE MD 21237

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31026

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 77
	<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)
Leslie Cavicchi

Mailing Address 27 Christy Lane

City Ashland State MA Zip Code 01721-2143

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

Name of Employer Genesis HealthCare Corporation Occupation VP Contracting Dept.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 19 / 2010

Transaction ID: SA11AI.31080

Amount of Each Receipt this Period 40.00

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

Mailing Address 106 DANFORTH PLACE

City WILIMINGTON State DE Zip Code 19810

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-INFORMATION SYSTEMS 2

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 03 / 05 / 2010

Transaction ID: SA11AI.31091

Amount of Each Receipt this Period 46.00

C. Full Name (Last, First, Middle Initial)
RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City WILIMINGTON State DE Zip Code 19810

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-INFORMATION SYSTEMS 2

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 03 / 19 / 2010

Transaction ID: SA11AI.31092

Amount of Each Receipt this Period 46.00

SUBTOTAL of Receipts This Page (optional) ► 132.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
MICHELLE L. COSTA

Mailing Address 109 JILLIAN WAY

City WESTPORT State MA Zip Code 02790

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: SA11AI.31103
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MICHELLE L. COSTA

Mailing Address 109 JILLIAN WAY

City WESTPORT State MA Zip Code 02790

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31104
Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
MARY T. CROTTY

Mailing Address 6 MUNROE DRIVE

City ROCKPORT State MA Zip Code 01966

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-QUALITY IMPROVEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31110
Amount of Each Receipt this Period: 35.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) KENNETH CULLEROT		Date of Receipt
Mailing Address 44 TANGLEWOOD DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
HENNIKER	NH	03242
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31121
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

B.

Full Name (Last, First, Middle Initial) KENNETH CULLEROT		Date of Receipt
Mailing Address 44 TANGLEWOOD DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
HENNIKER	NH	03242
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31122
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 300.00	

C.

Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM		Date of Receipt
Mailing Address 831 FOUR STREAMS DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
WEST CHESTER	PA	19382
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31127
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS OFFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 77
	<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	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 831 FOUR STREAMS DRIVE	Transaction ID: SA11AI.31128
	City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. DIRECTOR-CENTRAL BUSINESS OFFC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) PAULA D'AMICO	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 12 FLYWAY DRIVE	Transaction ID: SA11AI.31143
	City State Zip Code NEWTOWN SQUARE PA 19073	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPOR- ATION VP-PROJECT MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) PAULA D'AMICO	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 12 FLYWAY DRIVE	Transaction ID: SA11AI.31144
	City State Zip Code NEWTOWN SQUARE PA 19073	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPOR- ATION VP-PROJECT MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
NEWTOWN SQUARE PA 19073

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-PROJECT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31145

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
NEWTOWN SQUARE PA 19073

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-PROJECT MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31146

Amount of Each Receipt this Period
80.00

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

Mailing Address 33 RICKLAND DRIVE

City State Zip Code
SEWELL NJ 08080

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-REIMBURSEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31169

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 77
	<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) KEITH DAVIS		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 33 RICKLAND DRIVE		Transaction ID: SA11AI.31170		
	City SEWELL	State NJ	Zip Code 08080	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-REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address 1 DUBB DRIVE		Transaction ID: SA11AI.31186		
	City NEWARK	State DE	Zip Code 19702	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-CORPORATE BILLING SYS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

C.	Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 1 DUBB DRIVE		Transaction ID: SA11AI.31187		
	City NEWARK	State DE	Zip Code 19702	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-CORPORATE BILLING SYS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 77
	<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)
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 ▼ 330.00

Date of Receipt: 03 / 19 / 2010

Transaction ID: SA11AI.31188

Amount of Each Receipt this Period: 55.00

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 ▼ 384.00

Date of Receipt: 01 / 22 / 2010

Transaction ID: SA11AI.31178

Amount of Each Receipt this Period: 192.00

C.

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 ▼ 576.00

Date of Receipt: 02 / 05 / 2010

Transaction ID: SA11AI.31179

Amount of Each Receipt this Period: 192.00

SUBTOTAL of Receipts This Page (optional) ▶ **439.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 77
	<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) THOMAS DIVITTORIO		Date of Receipt
	Mailing Address 20 SHEFFIELD DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 19 / 2010
	City	State	Zip Code
	WEST GROVE	PA	19390
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31180
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & ASST CORPORATE CONTROLLER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 768.00	192.00

B.	Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO		Date of Receipt
	Mailing Address 20 SHEFFIELD DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City	State	Zip Code
	WEST GROVE	PA	19390
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31181
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & ASST CORPORATE CONTROLLER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	192.00

C.	Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO		Date of Receipt
	Mailing Address 20 SHEFFIELD DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	WEST GROVE	PA	19390
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31182
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP & ASST CORPORATE CONTROLLER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1152.00	192.00

SUBTOTAL of Receipts This Page (optional)	576.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSEPH DVORAK	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 1408 CHESAPEAKE AVE	Transaction ID: SA11AI.31217
	City State Zip Code BALTIMORE MD 21220	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JOSEPH DVORAK	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1408 CHESAPEAKE AVE	Transaction ID: SA11AI.31218
	City State Zip Code BALTIMORE MD 21220	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP-REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MARIAN D EDMISTON	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1056 KERWOOD ROAD	Transaction ID: SA11AI.31242
	City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-CORP CLINICAL ED	
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)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY
02 / 05 / 2010

Transaction ID: SA11AI.31251

Amount of Each Receipt this Period: 70.00

B.

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

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.31252

Amount of Each Receipt this Period: 70.00

C.

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

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31253

Amount of Each Receipt this Period: 70.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City State Zip Code
LANDENBERG PA 19350

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11AI.31254

Amount of Each Receipt this Period
70.00

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

Mailing Address 16 FARLEY BROOK RD.

City State Zip Code
CHELMSFORD MA 01824

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11AI.31266

Amount of Each Receipt this Period
35.00

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

Mailing Address 2048 PINECREST DRIVE

City State Zip Code
MORGANTOWN WV 26505

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-CLINICAL SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.82

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2010

Transaction ID: SA11AI.31271

Amount of Each Receipt this Period
44.27

SUBTOTAL of Receipts This Page (optional) ► **149.27**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 77
	<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) HOLLY J ESTEL		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
Mailing Address 2048 PINECREST DRIVE		Transaction ID: SA11AI.31272
City MORGANTOWN	State WV	Zip Code 26505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.93
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-CLINICAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.75	

B.

Full Name (Last, First, Middle Initial) DEAN FEICK		Date of Receipt MM / DD / YYYY 03 / 05 / 2010
Mailing Address 159 MERION LANE		Transaction ID: SA11AI.31283
City READING	State PA	Zip Code 19607
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 VICE PRESIDENT-CENTERS GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) DEAN FEICK		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
Mailing Address 159 MERION LANE		Transaction ID: SA11AI.31284
City READING	State PA	Zip Code 19607
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 VICE PRESIDENT-CENTERS GROUP	
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)	▶	139.93
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 77
	<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 FUREY		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 39 BUTTONWOOD DRIVE		Transaction ID: SA11AI.31308		
	City WOODSTOWN	State NJ	Zip Code 08098	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-TAX	Aggregate Year-to-Date 240.00		

B.	Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 4409 UNDERWOOD ROAD		Transaction ID: SA11AI.31314		
	City BALTIMORE	State MD	Zip Code 21218	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-CORPORATE COMMUNICATIONS	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 4409 UNDERWOOD ROAD		Transaction ID: SA11AI.31315		
	City BALTIMORE	State MD	Zip Code 21218	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-CORPORATE COMMUNICATIONS	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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 77
	<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) DENNIS GREGORY		Date of Receipt
	Mailing Address 17 ONEIDA COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	CHESTER SPRINGS	PA	19425
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31327
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-ELDERCARE CENTERS REG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 35.00

B.	Full Name (Last, First, Middle Initial) NANCY E GRIMES		Date of Receipt
	Mailing Address 405 GREENWOOD AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 22 / 2010
	City	State	Zip Code
	WYNCOTE	PA	19095
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31329
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) NANCY E GRIMES		Date of Receipt
	Mailing Address 405 GREENWOOD AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 05 / 2010
	City	State	Zip Code
	WYNCOTE	PA	19095
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31330
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 150.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 335.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 77
	<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) NANCY E GRIMES		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11AI.31331		
	City WYNCOTE	State PA	Zip Code 19095	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00		
	Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) NANCY E GRIMES		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11AI.31332		
	City WYNCOTE	State PA	Zip Code 19095	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.00		
	Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) NANCY E GRIMES		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 405 GREENWOOD AVENUE		Transaction ID: SA11AI.31333		
	City WYNCOTE	State PA	Zip Code 19095	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00		
	Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CLINICAL SVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 77
	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 1503 STALEY CIRCLE	Transaction ID: SA11AI.31350
	City State Zip Code HARLEYSVILLE PA 19438	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-STRATEGIC STAFFING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1503 STALEY CIRCLE	Transaction ID: SA11AI.31351
	City State Zip Code HARLEYSVILLE PA 19438	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-STRATEGIC STAFFING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) KATHY L HADDON	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 312 LEE ROAD	Transaction ID: SA11AI.31354
	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 ▼ 300.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 312 LEE ROAD

City State Zip Code
FOLLANSBEE WV 26037

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.31355

Amount of Each Receipt this Period: 100.00

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

Mailing Address 312 LEE ROAD

City State Zip Code
FOLLANSBEE WV 26037

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31356

Amount of Each Receipt this Period: 100.00

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

Mailing Address 312 LEE ROAD

City State Zip Code
FOLLANSBEE WV 26037

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31357

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Harris

Mailing Address 56 Covington Drive

City Shrewsbury State PA Zip Code 17361

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 19 / 2010
Transaction ID: SA11AI.31375
 Amount of Each Receipt this Period 35.00

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

Mailing Address 497 WINDING CREEK COURT

City DAVIDSONVILLE State MD Zip Code 21035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt 02 / 19 / 2010
Transaction ID: SA11AI.31397
 Amount of Each Receipt this Period 53.50

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

Mailing Address 497 WINDING CREEK COURT

City DAVIDSONVILLE State MD Zip Code 21035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.50

Date of Receipt 03 / 05 / 2010
Transaction ID: SA11AI.31398
 Amount of Each Receipt this Period 53.50

SUBTOTAL of Receipts This Page (optional) ► 142.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) KATHRYN HEFLIN		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
Mailing Address 497 WINDING CREEK COURT		Transaction ID: SA11AI.31399
City DAVIDSONVILLE	State MD	Zip Code 21035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.50
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 ▼ 321.00	

B.

Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD		Date of Receipt MM / DD / YYYY 01 / 22 / 2010
Mailing Address 1 SUNSET KNOLL COURT		Transaction ID: SA11AI.31407
City TIMONIUM	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SR OPERATIONS REHAB SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD		Date of Receipt MM / DD / YYYY 02 / 05 / 2010
Mailing Address 1 SUNSET KNOLL COURT		Transaction ID: SA11AI.31408
City TIMONIUM	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SR OPERATIONS REHAB SVS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	273.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City State Zip Code
TIMONIUM MD 21093

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-SR OPERATIONS REHAB SVS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt

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

Transaction ID: SA11AI.31409

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)
DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City State Zip Code
TIMONIUM MD 21093

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-SR OPERATIONS REHAB SVS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.31410

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)
DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City State Zip Code
TIMONIUM MD 21093

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-SR OPERATIONS REHAB SVS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.31411

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WALTER J. KIELAR	Date of Receipt MM / DD / YYYY 01 / 22 / 2010
	Mailing Address 17 CURTIS ROAD	Transaction ID: SA11AI.31488
	City State Zip Code SPRINGFIELD PA 19064	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) WALTER J. KIELAR	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 17 CURTIS ROAD	Transaction ID: SA11AI.31489
	City State Zip Code SPRINGFIELD PA 19064	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) WALTER J. KIELAR	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 17 CURTIS ROAD	Transaction ID: SA11AI.31490
	City State Zip Code SPRINGFIELD PA 19064	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WALTER J. KIELAR	Date of Receipt
	Mailing Address 17 CURTIS ROAD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City State Zip Code SPRINGFIELD PA 19064	Transaction ID: SA11AI.31491
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 750.00	

B.	Full Name (Last, First, Middle Initial) WALTER J. KIELAR	Date of Receipt
	Mailing Address 17 CURTIS ROAD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City State Zip Code SPRINGFIELD PA 19064	Transaction ID: SA11AI.31492
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 900.00	

C.	Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI	Date of Receipt
	Mailing Address 18 MEMEL DRIVE	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City State Zip Code THORNTON PA 19373	Transaction ID: SA11AI.31515
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SN ALF SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 77
	<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) MARY ANNE KUROWSKI	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 18 MEMEL DRIVE	Transaction ID: SA11AI.31516
	City State Zip Code THORNTON PA 19373	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: VP-SN ALF SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) WENDY LABATE	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 36 MACDONALD DRIVE	Transaction ID: SA11AI.31531
	City State Zip Code NASHUA NH 03062	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: VICE PRESIDENT-CLINICAL SVS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) WENDY LABATE	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 36 MACDONALD DRIVE	Transaction ID: SA11AI.31532
	City State Zip Code NASHUA NH 03062	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: VICE PRESIDENT-CLINICAL SVS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City NASHUA State NH Zip Code 03062

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 ▼ 500.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: SA11AI.31533
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City NASHUA State NH Zip Code 03062

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 ▼ 600.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31534
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 1616 STEPHENS DRIVE

City WAYNE State PA Zip Code 19087

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: SA11AI.31537
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.31538

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
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31539

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
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31540

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31587

Amount of Each Receipt this Period
50.00

B.

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31588

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code
LINCOLN UNIVERSITY PA 19352

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-FINANCIAL SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31593

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 77
	<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) DONALEE A LOUX		Date of Receipt MM / DD / YYYY 03 / 19 / 2010
Mailing Address 118 SCOTTS GLEN ROAD		Transaction ID: SA11AI.31594
City LINCOLN UNIVERSITY	State PA	Zip Code 19352
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FINANCIAL SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt MM / DD / YYYY 01 / 22 / 2010
Mailing Address 667 MOUNTAIN VIEW DRIVE		Transaction ID: SA11AI.31614
City OAKLAND	State MD	Zip Code 21550
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CENTERS GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt MM / DD / YYYY 02 / 05 / 2010
Mailing Address 667 MOUNTAIN VIEW DRIVE		Transaction ID: SA11AI.31615
City OAKLAND	State MD	Zip Code 21550
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CENTERS GROUP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
	Mailing Address 667 MOUNTAIN VIEW DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	OAKLAND	MD	21550
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31616
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 150.00

B.	Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
	Mailing Address 667 MOUNTAIN VIEW DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	City	State	Zip Code
	OAKLAND	MD	21550
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31617
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
	Mailing Address 667 MOUNTAIN VIEW DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	City	State	Zip Code
	OAKLAND	MD	21550
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31618
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	<input type="text"/> 150.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

A.

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

Mailing Address 602 S. CONCORD ROAD

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR LABOR MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: SA11AI.31635
Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 602 S. CONCORD ROAD

City WEST CHESTER State PA Zip Code 19382

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR LABOR MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31636
Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City AVONDALE State PA Zip Code 19311

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REHAB SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: SA11AI.31641
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 77
	<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) GARY S MCELWEE		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 118 PINE VALLEY ROAD		Transaction ID: SA11AI.31642		
	City AVONDALE	State PA	Zip Code 19311	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REHAB SYSTEMS	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) LAURA T MCGINTY		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 327 SOUTH VILLAGE LANE		Transaction ID: SA11AI.31648		
	City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-PROFESSIONAL SV	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) PAUL J. MCGUIRE		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 280 APPLETON COURT		Transaction ID: SA11AI.31654		
	City KENNETT SQUARE	State PA	Zip Code 19348	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 2701 BALD EAGLE CIRCLE	Transaction ID: SA11AI.31671
	City State Zip Code AUDUBON PA 19403	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-INFORMATION SYSTEMS 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 2701 BALD EAGLE CIRCLE	Transaction ID: SA11AI.31672
	City State Zip Code AUDUBON PA 19403	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-INFORMATION SYSTEMS 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) LAUREN F MURRAY	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 19 SHIP STREET	Transaction ID: SA11AI.31695
	City State Zip Code NEWBURYPORT MA 01950	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-REGIONAL SALES AND MTKG 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31696

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31701

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31702

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 77
	<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 P. O'DONNELL	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 78 ST.DAVIDS ROAD	Transaction ID: SA11AI.31720
	City State Zip Code SPRINGFIELD PA 19064	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FINANCIAL ANALYSIS I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 79 BROAD STREET	Transaction ID: SA11AI.31726
	City State Zip Code HOLLIS NH 03049	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) JEANNE PHILLIPS	Date of Receipt MM / DD / YYYY 01 / 22 / 2010
	Mailing Address 1816 LENAPE -UNIONVILLE RD	Transaction ID: SA11AI.31776
	City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	255.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City State Zip Code
WEST CHESTER PA 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 ▼ 525.00

Date of Receipt: 02 / 05 / 2010
Transaction ID: SA11AI.31777
Amount of Each Receipt this Period: 175.00

B.

Full Name (Last, First, Middle Initial)
JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City State Zip Code
WEST CHESTER PA 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 ▼ 700.00

Date of Receipt: 02 / 19 / 2010
Transaction ID: SA11AI.31778
Amount of Each Receipt this Period: 175.00

C.

Full Name (Last, First, Middle Initial)
JEANNE PHILLIPS

Mailing Address 1816 LENAPE - UNIONVILLE RD

City State Zip Code
WEST CHESTER PA 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 ▼ 875.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: SA11AI.31779
Amount of Each Receipt this Period: 175.00

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 77
	<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) JEANNE PHILLIPS	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1816 LENAPE - UNIONVILLE RD	Transaction ID: SA11AI.31780
	City State Zip Code WEST CHESTER PA 19382	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-RISK MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) THOMAS E.J. QUINN	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 45 PROSPECT STREET	Transaction ID: SA11AI.31799
	City State Zip Code TERRYVILLE CT 06786	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) JOHN C RALEY	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 3810 DONERIN WAY	Transaction ID: SA11AI.31804
	City State Zip Code PHOENIX MD 21131	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-REGNL HUMAN RES 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)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 77
	<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) JOHN C RALEY	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 3810 DONERIN WAY	Transaction ID: SA11AI.31805
	City PHOENIX State MD Zip Code 21131	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: VICE PRESIDENT-REGNL HUMAN RES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 156 REVERKNOLLS	Transaction ID: SA11AI.31810
	City AVON State CT Zip Code 06001	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: VP-REGIONAL MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 156 REVERKNOLLS	Transaction ID: SA11AI.31811
	City AVON State CT Zip Code 06001	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: VP-REGIONAL MEDICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SUSAN REAGAN		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 1364 FOX RIDGE		Transaction ID: SA11AI.31826		
	City EASTON	State PA	Zip Code 18040	Amount of Each Receipt this Period 34.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 204.00		
	Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-REGIONAL MARKETING		

B.	Full Name (Last, First, Middle Initial) RICHARD REILLY		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 130 DEEP HOLLOW ROAD		Transaction ID: SA11AI.31844		
	City KING OF PRUSSIA	State PA	Zip Code 19406	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00		
	Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation ASSOCIATE COUNSEL		

C.	Full Name (Last, First, Middle Initial) ROBERT A REITZ		Date of Receipt MM / DD / YYYY 01 / 22 / 2010		
	Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11AI.31846		
	City COCKEYSVILLE	State MD	Zip Code 21030	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL		

SUBTOTAL of Receipts This Page (optional)	▶	224.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT A REITZ		Date of Receipt
	Mailing Address 13005 JEROME JAY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 5 / 2 0 1 0
	City	State	Zip Code
	COCKEYSVILLE	MD	21030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31847
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 150.00

B.	Full Name (Last, First, Middle Initial) ROBERT A REITZ		Date of Receipt
	Mailing Address 13005 JEROME JAY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 1 0
	City	State	Zip Code
	COCKEYSVILLE	MD	21030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31848
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) ROBERT A REITZ		Date of Receipt
	Mailing Address 13005 JEROME JAY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 0 5 / 2 0 1 0
	City	State	Zip Code
	COCKEYSVILLE	MD	21030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31849
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation PRESIDENT-DIVISIONAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 150.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ROBERT A REITZ		Date of Receipt MM / DD / YYYY 03 / 19 / 2010		
	Mailing Address 13005 JEROME JAY DRIVE		Transaction ID: SA11AI.31850		
	City COCKEYSVILLE	State MD	Zip Code 21030	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Name of Employer GENESIS HEALTH VENTURES, INC.		
Occupation PRESIDENT-DIVISIONAL		Aggregate Year-to-Date 900.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH		Date of Receipt MM / DD / YYYY 02 / 19 / 2010		
	Mailing Address 1749 PRESCOTT ROAD		Transaction ID: SA11AI.31860		
	City YORK	State PA	Zip Code 17403	Amount of Each Receipt this Period 63.46	
	FEC ID number of contributing federal political committee. C		Name of Employer GENESIS HEALTHCARE CORPORATION		
Occupation VP-AREA SALES & MARKETING		Aggregate Year-to-Date 253.84			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH		Date of Receipt MM / DD / YYYY 03 / 05 / 2010		
	Mailing Address 1749 PRESCOTT ROAD		Transaction ID: SA11AI.31861		
	City YORK	State PA	Zip Code 17403	Amount of Each Receipt this Period 63.46	
	FEC ID number of contributing federal political committee. C		Name of Employer GENESIS HEALTHCARE CORPORATION		
Occupation VP-AREA SALES & MARKETING		Aggregate Year-to-Date 317.30			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

276.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 77		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City YORK State PA Zip Code 17403

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

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-AREA SALES & MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.76

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31862
Amount of Each Receipt this Period: 63.46

B. 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 ▼ 250.00

Date of Receipt: 03 / 05 / 2010
Transaction ID: SA11AI.31885
Amount of Each Receipt this Period: 50.00

C. 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 ▼ 300.00

Date of Receipt: 03 / 19 / 2010
Transaction ID: SA11AI.31886
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 163.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 77
	<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 RUSSO		Date of Receipt
	Mailing Address 561 KING ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOUTH WINDSOR	CT	06074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31897
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.01
		<input type="text"/> 209.11	

B.	Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
	Mailing Address 561 KING ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOUTH WINDSOR	CT	06074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31898
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.01
		<input type="text"/> 228.12	

C.	Full Name (Last, First, Middle Initial) MARCIA C. SACCO		Date of Receipt
	Mailing Address 100 PLAIN STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NORTON	MA	02766
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31903
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-NETWORK DEVELOPMENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 88.02
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 77
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 100
PLAIN STREET

City State Zip Code
NORTON MA 02766

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-NETWORK DEVELOPMENT

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 / 19 / 2010

Transaction ID: SA11AI.31904

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City State Zip Code
KUTZTOWN PA 19530

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11AI.31916

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
JOHN V. SAVO

Mailing Address 535 WEADLEY ROAD

City State Zip Code
STRAFFORD PA 19087

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION CONTROLLER-ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2010

Transaction ID: SA11AI.31934

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional) ► **122.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 77
	<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) ERIC SCHULTHEIS		Date of Receipt
Mailing Address 5 GAEBEL LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 05 / 2010
City	State	Zip Code
LANDENBERG	PA	19350
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31945
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 214.40	

B.

Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS		Date of Receipt
Mailing Address 5 GAEBEL LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 19 / 2010
City	State	Zip Code
LANDENBERG	PA	19350
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31946
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 42.88
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 257.28	

C.

Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN		Date of Receipt
Mailing Address 1379 BRYANT COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 22 / 2010
City	State	Zip Code
AMBLER	PA	19002
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.31966
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 150.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation SR VP MERGERS AND ACQUISITIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 235.76
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 77
	<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) MICHAEL S. SHERMAN	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 1379 BRYANT COURT	Transaction ID: SA11AI.31967
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: SR VP MERGERS AND ACQUISITIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 450.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 1379 BRYANT COURT	Transaction ID: SA11AI.31968
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: SR VP MERGERS AND ACQUISITIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 600.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 1379 BRYANT COURT	Transaction ID: SA11AI.31969
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: GENESIS HEALTHCARE CORPORATION Occupation: SR VP MERGERS AND ACQUISITIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 77
	<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) MICHAEL S. SHERMAN		Date of Receipt
	Mailing Address 1379 BRYANT COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	AMBLER	PA	19002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31970
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation SR VP MERGERS AND ACQUISITIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	150.00

B.	Full Name (Last, First, Middle Initial) KEN SILVERWOOD		Date of Receipt
	Mailing Address 1520 GENERALS WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City	State	Zip Code
	WEST CHESTER	PA	19380
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31975
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-INTERNAL OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	50.00

C.	Full Name (Last, First, Middle Initial) KEN SILVERWOOD		Date of Receipt
	Mailing Address 1520 GENERALS WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	WEST CHESTER	PA	19380
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.31976
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-INTERNAL OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	50.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 77
	<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

A.	Full Name (Last, First, Middle Initial) LOU ANN SOIKA		Date of Receipt
	Mailing Address 65 DEER PATH ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KENNETT SQUARE	PA	19348
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.31984
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	

B.	Full Name (Last, First, Middle Initial) LOU ANN SOIKA		Date of Receipt
	Mailing Address 65 DEER PATH ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KENNETT SQUARE	PA	19348
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.31985
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 450.00	

C.	Full Name (Last, First, Middle Initial) LOU ANN SOIKA		Date of Receipt
	Mailing Address 65 DEER PATH ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KENNETT SQUARE	PA	19348
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.31986
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VP-THERAPY MGMT & CONSULTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 600.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

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. VP-THERAPY MGMT & CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.31987

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
LOU ANN SOIKA

Mailing Address 65 DEER PATH ROAD

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. VP-THERAPY MGMT & CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.31988

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City State Zip Code
AVON BY THE SEA NJ 07717

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: SA11AI.32003

Amount of Each Receipt this Period
40.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 77
	<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) RONALD E STEWARD	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR	Transaction ID: SA11AI.32009
	City State Zip Code WILMINGTON DE 19809	Amount of Each Receipt this Period 38.74
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-PROPERTY MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.44	

B.	Full Name (Last, First, Middle Initial) GODFREY A STREAT	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 157 FOREST DRIVE	Transaction ID: SA11AI.32014
	City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-AREA HUMAN RESOURCES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) GODFREY A STREAT	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 157 FOREST DRIVE	Transaction ID: SA11AI.32015
	City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-AREA HUMAN RESOURCES 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)	138.74
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 77
	<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) WILLIAM E STURGIS		Date of Receipt
	Mailing Address 6505 HILLTOP DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BROOKHAVEN	PA	19015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32021
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-FINANCIAL ANALYSIS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.10	<input type="text"/> 37.35

B.	Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR.		Date of Receipt
	Mailing Address 715 RIDGE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ORWIGSBURG	PA	17961
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32045
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP OPERATIONS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 35.00

C.	Full Name (Last, First, Middle Initial) PERRY VALENTINE		Date of Receipt
	Mailing Address 3675 MANDOLIN DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	HAMPSTEAD	MD	21074
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32081
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation DIRECTOR-HOSPITALITY SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 35.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 107.35
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 77
	<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) LIBBIE J. WADE	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 144 PARK BOULEVARD	Transaction ID: SA11AI.32098
	City State Zip Code CLARKSBURG WV 26301	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. 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	

B.	Full Name (Last, First, Middle Initial) LIBBIE J. WADE	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 144 PARK BOULEVARD	Transaction ID: SA11AI.32099
	City State Zip Code CLARKSBURG WV 26301	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTH VENTURES, INC. 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	

C.	Full Name (Last, First, Middle Initial) DAVID G WENDT	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 7202 VERBENA AVENUE	Transaction ID: SA11AI.32141
	City State Zip Code BALTIMORE MD 21209	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GENESIS HEALTHCARE CORPORATION ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.01	

SUBTOTAL of Receipts This Page (optional)	▶	138.46
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JOSEPH W. WILKS		Date of Receipt
	Mailing Address 101 KINSTON LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 05 / 2010
	City	State	Zip Code
	DOWNINGTOWN	PA	19335
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32147
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 75.00

B.	Full Name (Last, First, Middle Initial) JOSEPH W. WILKS		Date of Receipt
	Mailing Address 101 KINSTON LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 19 / 2010
	City	State	Zip Code
	DOWNINGTOWN	PA	19335
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32148
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 75.00

C.	Full Name (Last, First, Middle Initial) JOSEPH W. WILKS		Date of Receipt
	Mailing Address 101 KINSTON LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City	State	Zip Code
	DOWNINGTOWN	PA	19335
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32149
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOSEPH W. WILKS		Date of Receipt
	Mailing Address 101 KINSTON LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	DOWNINGTOWN	PA	19335
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32150
Name of Employer GENESIS HEALTH VENTURES, INC.		Occupation VICE PRESIDENT-FINANCIAL SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 75.00

B.	Full Name (Last, First, Middle Initial) DONNA WIXTED		Date of Receipt
	Mailing Address 1108 KENT LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City	State	Zip Code
	PHILADELPHIA	PA	19115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32161
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP -FOOD AND NUTRITIONAL SVS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) DONNA WIXTED		Date of Receipt
	Mailing Address 1108 KENT LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2010
	City	State	Zip Code
	PHILADELPHIA	PA	19115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32162
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP -FOOD AND NUTRITIONAL SVS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 77
	<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) PATRICIA S WORHUNSKY-QUINN	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 45 PROSPECT ST	Transaction ID: SA11AI.32180
	City State Zip Code TERRYVILLE CT 06786	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) JACK WRIGHT	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 834 NEWHALL ROAD	Transaction ID: SA11AI.32192
	City State Zip Code KENNETT SQUARE PA 19348	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) STEPHEN S YOUNG	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 807 MERRIMAC LANE PO BOX 766	Transaction ID: SA11AI.32227
	City State Zip Code UNIONVILLE PA 19375	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR FINANCIAL RPT	
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)	125.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 70 / 77	
	(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) STEPHEN S YOUNG		Date of Receipt	
Mailing Address 807 MERRIMAC LANE PO BOX 766		M M / D D / Y Y Y Y 03 / 19 / 2010	
City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.32228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR FINANCIAL RPT		
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)	50.00
TOTAL This Period (last page this line number only)	17398.69

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 71 / 77

<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

A.	Full Name (Last, First, Middle Initial) Bank of New York Mellon Mailing Address 101 Barclay, 6 East City New York State NY Zip Code 10286 Purpose of Disbursement Analysis fee 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) ▼	Transaction ID: SB21B.32229 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
B.	Full Name (Last, First, Middle Initial) Bank of New York Mellon Mailing Address 101 Barclay, 6 East City New York State NY Zip Code 10286 Purpose of Disbursement Analysis fee 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) ▼	Transaction ID: SB21B.32231 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Bank of New York Mellon Mailing Address 101 Barclay, 6 East City New York State NY Zip Code 10286 Purpose of Disbursement Analysis fee 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) ▼	Transaction ID: SB21B.32232 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional)		900.00
TOTAL This Period (last page this line number only)		900.00

**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 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

A.	Full Name (Last, First, Middle Initial) ANDREWS FOR CONGRESS	Transaction ID: SB23.30881 Date of Disbursement 03 / 23 / 2010
	Mailing Address PO Box 295	Amount of Each Disbursement this Period 1000.00
	City Oaklyn State NJ Zip Code 08107	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARPER FOR SENATE	Transaction ID: SB23.30868 Date of Disbursement 01 / 27 / 2010
	Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR	Amount of Each Disbursement this Period 630.00
	City NEW CASTLE State DE Zip Code 19720	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charles Dent Congress	Transaction ID: SB23.30887 Date of Disbursement 03 / 23 / 2010
	Mailing Address 3626 Evening Star Terrace	Amount of Each Disbursement this Period 1000.00
	City ALLENTOWN State PA Zip Code 18104	
	Purpose of Disbursement	011 Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2630.00

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

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL	Transaction ID: SB23.30884 Date of Disbursement 03 / 23 / 2010
	Mailing Address 430 South Capitol Street SE 2nd Floor	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	012 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.30869 Date of Disbursement 01 / 27 / 2010
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 2500.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NV District: 00	

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.30882 Date of Disbursement 03 / 23 / 2010
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 2000.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NV District: 00	

SUBTOTAL of Disbursements This Page (optional)	5500.00
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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON	Transaction ID: SB23.30872
	Mailing Address 198 PARK ROAD	Date of Disbursement MM / DD / YYYY 02 / 26 / 2010
	City HOWARD State PA Zip Code 16841	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) T. TIMOTHY HOLDEN	Transaction ID: SB23.30873
	Mailing Address 31 Pearl Street	Date of Disbursement MM / DD / YYYY 03 / 09 / 2010
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE	Transaction ID: SB23.30886
	Mailing Address PO Box 87	Date of Disbursement MM / DD / YYYY 03 / 23 / 2010
	City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
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

A. Full Name (Last, First, Middle Initial)
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City State Zip Code
BALTIMORE MD 21203

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.30875
Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 221 Brookside Blvd.

City State Zip Code
Pittsburgh PA 15241

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.30894
Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MURPHY FOR CONGRESS COMMITTEE

Mailing Address 350 NEPONSET ST UNIT J

City State Zip Code
CANTON MA 02021

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.30890
Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

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

A.	Full Name (Last, First, Middle Initial) Jim Renacci	Transaction ID: SB23.30876 Date of Disbursement 03 / 22 / 2010
	Mailing Address 2729 Fulton Avenue NW	Amount of Each Disbursement this Period 1000.00
	City Canton State OH Zip Code 44718	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLYSON Y SCHWARTZ	Transaction ID: SB23.30870 Date of Disbursement 02 / 26 / 2010
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 2500.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.30883 Date of Disbursement 03 / 23 / 2010
	Mailing Address 232 NE 9TH AVENUE	Amount of Each Disbursement this Period 1500.00
	City PORTLAND State OR Zip Code 97232	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	21130.00

**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

A. Full Name (Last, First, Middle Initial) Friends of Heather Mizner <hr/> Mailing Address 7210 Maple Avenue <hr/> City Takoma Park State MD Zip Code 20912 <hr/> Purpose of Disbursement Candidate Name <hr/> 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) ▼	Transaction ID: SB29.30864 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Greater Philadelphia Chamber of Commerce <hr/> Mailing Address 200 South Broad St. <hr/> City Philadelphia State PA Zip Code 19102 <hr/> Purpose of Disbursement Candidate Name <hr/> 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) ▼	Transaction ID: SB29.30865 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 255.00
	<input type="text" value="012"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HALEYS PAC <hr/> Mailing Address P.O. Box 1186 <hr/> City Jackson State MS Zip Code 39215 <hr/> Purpose of Disbursement MS Governor Candidate Name <hr/> 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) ▼	Transaction ID: SB29.30866 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2255.00
TOTAL This Period (last page this line number only)	2255.00