GENESIS HEALTH VENTURES

148 WEST STATE STREET
KENNETT SQUARE, PA 19348
TELEPHONE: (215) 444-6350

ADM.
APR 8 1 02 PM '94

April 7, 1994

VIA OVERNIGHT MAIL

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Ladies and Gentlemen:

I have enclosed an executed Statement of Organization for Genesis Health Ventures, Inc. Political Action Committee. This separate segregated fund is newly-formed and will need to be assigned a FEC Identification Number.

Please acknowledge your receipt of this filing by signing the enclosed copy of the Statement of Organization and returning it in the pre-addressed envelope.

Thank you for your assistance. If you have any questions concerning the foregoing, please call.

Very truly yours,

Ira C. Gubernick
Treasurer - Genesis Health Ventures, Inc.
Political Action Committee

ICG:tlp

Enclosures

34338392751

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)

GENESIS HEALTH VENTURES, INC. POLITICAL ACTION COMMITTEE

(b) Number and Street Address ☐ (Check if address is changed)

148 WEST STATE STREET

(c) City, State and ZIP Code

KENNETT SQUARE, PA 19348

2. DATE

APRIL 7, 1994

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT AN AMENDMENT? ☐ YES ☒ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
GENESIS HEALTH VENTURES, INC.	148 WEST STATE STREET KENNETT SQUARE, PA 19348	CONNECTED

Type of Connected Organization

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
TREASURER		

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
IRA C. GUBERNICK	148 W.STATE STREET KENNETT SQ,PA 19348	TREASURER
ROGER C. LIPITZ	515 FAIRMONT AVE,STE 800 TOWSON, MD 21286	CHAIRMAN AND ASST. TREASURER

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
MELLON BANK, N.A.	7TH & MARKET STREETS PHILADELPHIA, PA 19101

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
IRA C. GUBERNICK		4/7/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 4-8-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

ALG
PREPARER

4-8-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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