FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Genesis Healthcare Inc PAC

ADDRESS (number and street) ▼ 101 EAST STATE STREET

☐ Check if different than previously reported. (ACC)

KENNETT SQUARE | PA | 19348 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2015 through 12 / 31 / 2015

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 *LAURENCE F LANE* ***[Electronically Filed]*** Date 01 / 11 / 2016

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 Inc PAC

Report Covering the Period: From: 10 / 01 / 2015 To: 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		164990.78
(b) Cash on Hand at Beginning of Reporting Period	173604.68	
(c) Total Receipts (from Line 19)	44011.68	227620.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217616.36	392611.34
7. Total Disbursements (from Line 31)	62180.00	237174.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	155436.36	155436.36
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 Inc PAC

Report Covering the Period: From: 10 / 01 / 2015 To: 12 / 31 / 2015

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)	40572.80	166400.51
(ii) Unitemized	1438.88	52253.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	42011.68	218654.06
(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) ▶	42011.68	218654.06
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	2000.00	8966.50
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	44011.68	227620.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	44011.68	227620.56

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	180.00	750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	180.00	750.00
22. Transfers to Affiliated/Other Party Committees	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	49000.00	200500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	13000.00	25924.98
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	62180.00	237174.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	62180.00	237174.98

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	42011.68	218654.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42011.68	218654.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	180.00	750.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	180.00	750.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Carolynne Adams

Mailing Address 17163 CARRIAGE HORSE DR

City: COLORADO SPRINGS
State: CO
Zip Code: 80921

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78976

Amount of Each Receipt this Period: 25.00

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

Mailing Address 17163 CARRIAGE HORSE DR

City: COLORADO SPRINGS
State: CO
Zip Code: 80921

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78977

Amount of Each Receipt this Period: 25.00

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

Mailing Address 17163 CARRIAGE HORSE DR

City: COLORADO SPRINGS
State: CO
Zip Code: 80921

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78978

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Carolynne Adams
Mailing Address: 17163 CARRIAGE HORSE DR
City: COLORADO SPRINGS State: CO Zip Code: 80921
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78979
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Carolynne Adams
Mailing Address: 17163 CARRIAGE HORSE DR
City: COLORADO SPRINGS State: CO Zip Code: 80921
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78980
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): ELAINE C ADAMS
Mailing Address: 12 CARTIER ROAD
City: ENFIELD State: CT Zip Code: 06082
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-REGULATORY COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 319.20
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77951
Amount of Each Receipt this Period: 15.20

SUBTOTAL of Receipts This Page (optional) ▶ 65.20

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ELAINE C ADAMS
Mailing Address: 12 CARTIER ROAD
City: ENFIELD State: CT Zip Code: 06082
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-REGULATORY COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 334.40
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77952
Amount of Each Receipt this Period: 15.20

B.
Full Name (Last, First, Middle Initial): ELAINE C ADAMS
Mailing Address: 12 CARTIER ROAD
City: ENFIELD State: CT Zip Code: 06082
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-REGULATORY COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 349.60
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77953
Amount of Each Receipt this Period: 15.20

C.
Full Name (Last, First, Middle Initial): ELAINE C ADAMS
Mailing Address: 12 CARTIER ROAD
City: ENFIELD State: CT Zip Code: 06082
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-REGULATORY COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 364.80
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77954
Amount of Each Receipt this Period: 15.20

SUBTOTAL of Receipts This Page (optional) ▶ 45.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ELAINE C ADAMS
Mailing Address: 12 CARTIER ROAD
City: ENFIELD State: CT Zip Code: 06082
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-REGULATORY COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77955
Amount of Each Receipt this Period: 15.20

B.
Full Name (Last, First, Middle Initial): JAMES M ADAMS
Mailing Address: 314 MARLDALE DRIVE
City: MIDDLETOWN State: DE Zip Code: 19709
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-EXECUTIVE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78079
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): JAMES M ADAMS
Mailing Address: 314 MARLDALE DRIVE
City: MIDDLETOWN State: DE Zip Code: 19709
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-EXECUTIVE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78080
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City: MIDDLETOWN
State: DE
Zip Code: 19709

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78081

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City: MIDDLETOWN
State: DE
Zip Code: 19709

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78082

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City: MIDDLETOWN
State: DE
Zip Code: 19709

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78083

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 114 BORDEN WAY

City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78656

Amount of Each Receipt this Period: 20.00

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

Mailing Address 114 BORDEN WAY

City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78657

Amount of Each Receipt this Period: 20.00

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

Mailing Address 114 BORDEN WAY

City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78658

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): JEFFREY D ADAMS
Mailing Address: 114 BORDEN WAY
City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CUSTOMER SYSTEMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78659
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): JEFFREY D ADAMS
Mailing Address: 114 BORDEN WAY
City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CUSTOMER SYSTEMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78660
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): DAVID C ALMQUIST
Mailing Address: 811 GRANTLEY COURT
City: YORK
State: PA
Zip Code: 17403
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3150.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77971
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 190.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DAVID C ALMQUIST
Mailing Address: 811 GRANTLEY COURT
City: YORK State: PA Zip Code: 17403
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3300.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77972
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): DAVID C ALMQUIST
Mailing Address: 811 GRANTLEY COURT
City: YORK State: PA Zip Code: 17403
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77973
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): DAVID C ALMQUIST
Mailing Address: 811 GRANTLEY COURT
City: YORK State: PA Zip Code: 17403
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77974
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 811 GRANTLEY COURT

City: YORK
State: PA
Zip Code: 17403

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77975

Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial)
TANATHA K AMOS

Mailing Address 8930 WINDY RIDGE ROAD

City: SANDYVILLE
State: WV
Zip Code: 25275

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78547

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
TANATHA K AMOS

Mailing Address 8930 WINDY RIDGE ROAD

City: SANDYVILLE
State: WV
Zip Code: 25275

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78548

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 170.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
TANATHA K AMOS

Mailing Address 8930 WINDY RIDGE ROAD

City: SANDYVILLE
State: WV
Zip Code: 25275

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78549

Amount of Each Receipt this Period: 10.00

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

Mailing Address 18 FARM RIDGE COURT

City: BALDWIN
State: MD
Zip Code: 21013

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77794

Amount of Each Receipt this Period: 192.30

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

Mailing Address 18 FARM RIDGE COURT

City: BALDWIN
State: MD
Zip Code: 21013

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.60

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77795

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 394.60

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PAUL BACH
Mailing Address: 18 FARM RIDGE COURT
City: BALDWIN State: MD Zip Code: 21013
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4422.90
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77796
Amount of Each Receipt this Period: 192.30

B.
Full Name (Last, First, Middle Initial): PAUL BACH
Mailing Address: 18 FARM RIDGE COURT
City: BALDWIN State: MD Zip Code: 21013
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4615.20
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77797
Amount of Each Receipt this Period: 192.30

C.
Full Name (Last, First, Middle Initial): PAUL BACH
Mailing Address: 18 FARM RIDGE COURT
City: BALDWIN State: MD Zip Code: 21013
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 4807.50
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77798
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Cheryl Baker
Mailing Address: 280 COUNTY ROAD 341
City: FLORENCE State: AL Zip Code: 35634
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78856
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Cheryl Baker
Mailing Address: 280 COUNTY ROAD 341
City: FLORENCE State: AL Zip Code: 35634
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.78857
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Cheryl Baker
Mailing Address: 280 COUNTY ROAD 341
City: FLORENCE State: AL Zip Code: 35634
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78858
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Cheryl Baker
Mailing Address: 280 COUNTY ROAD 341
City: FLORENCE State: AL Zip Code: 35634
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78859
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Cheryl Baker
Mailing Address: 280 COUNTY ROAD 341
City: FLORENCE State: AL Zip Code: 35634
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78860
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): ALEX BELL
Mailing Address: 1600 GARRETT ROAD, APT. A-204
City: UPPER DARBY State: PA Zip Code: 19082
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 840.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.77931
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): ALEX BELL
Mailing Address: 1600 GARRETT ROAD, APT. A-204
City: UPPER DARBY State: PA Zip Code: 19082
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77932
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): ALEX BELL
Mailing Address: 1600 GARRETT ROAD, APT. A-204
City: UPPER DARBY State: PA Zip Code: 19082
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77933
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): ALEX BELL
Mailing Address: 1600 GARRETT ROAD, APT. A-204
City: UPPER DARBY State: PA Zip Code: 19082
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77934
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City: UPPER DARBY
State: PA
Zip Code: 19082

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.77935

Amount of Each Receipt this Period: 40.00

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

Mailing Address 23 PEMBROKE LANE

City: AGAWAM
State: MA
Zip Code: 01001

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CONSULTING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.77872

Amount of Each Receipt this Period: 10.00

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

Mailing Address 23 PEMBROKE LANE

City: AGAWAM
State: MA
Zip Code: 01001

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CONSULTING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.77873

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ALICEMAE BELL
Mailing Address: 23 PEMBROKE LANE
City: AGAWAM State: MA Zip Code: 01001
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CONSULTING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77874
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): ALICEMAE BELL
Mailing Address: 23 PEMBROKE LANE
City: AGAWAM State: MA Zip Code: 01001
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CONSULTING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77875
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): ALICEMAE BELL
Mailing Address: 23 PEMBROKE LANE
City: AGAWAM State: MA Zip Code: 01001
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CONSULTING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77876
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 3150.00
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
Transaction ID : SA11AI.77838
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 ▼ 3300.00
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
Transaction ID : SA11AI.77839
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 ▼ 3450.00
Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015
Transaction ID : SA11AI.77840
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 3600.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.77841

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 ▼ 3750.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.77842

Amount of Each Receipt this Period: 150.00

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

Mailing Address 8700 SIGNAL CT NE

City: ALBUQUERQUE
State: NM
Zip Code: 87122

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GENERAL CORP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.79021

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Michael Berg
Mailing Address: 8700 SIGNAL CT NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GENERAL CORP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79022
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Michael Berg
Mailing Address: 8700 SIGNAL CT NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GENERAL CORP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 905.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79023
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Michael Berg
Mailing Address: 8700 SIGNAL CT NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GENERAL CORP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 930.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79024
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Michael Berg
Mailing Address: 8700 SIGNAL CT NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GENERAL CORP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 955.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79025
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): GARY B BERNETT
Mailing Address: 429 COLLEGE AVE
City: HAVERFORD State: PA Zip Code: 19041
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 840.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78219
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): GARY B BERNETT
Mailing Address: 429 COLLEGE AVE
City: HAVERFORD State: PA Zip Code: 19041
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78220
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): GARY B BERNETT
Mailing Address: 429 COLLEGE AVE
City: HAVERFORD State: PA Zip Code: 19041
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78221
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): GARY B BERNETT
Mailing Address: 429 COLLEGE AVE
City: HAVERFORD State: PA Zip Code: 19041
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78222
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): GARY B BERNETT
Mailing Address: 429 COLLEGE AVE
City: HAVERFORD State: PA Zip Code: 19041
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78223
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DAVID BERTHA
Mailing Address: 212 ARDMORE AVENUE
City: HADDONFIELD State: NJ Zip Code: 08033
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-GEN HOSPITALITY SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 840.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77828
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): DAVID BERTHA
Mailing Address: 212 ARDMORE AVENUE
City: HADDONFIELD State: NJ Zip Code: 08033
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-GEN HOSPITALITY SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77829
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): DAVID BERTHA
Mailing Address: 212 ARDMORE AVENUE
City: HADDONFIELD State: NJ Zip Code: 08033
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: PRESIDENT-GEN HOSPITALITY SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77830
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 212 ARDMORE AVENUE

City: HADDONFIELD State: NJ Zip Code: 08033

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.77831

Amount of Each Receipt this Period: 40.00

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

Mailing Address 212 ARDMORE AVENUE

City: HADDONFIELD State: NJ Zip Code: 08033

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.77832

Amount of Each Receipt this Period: 40.00

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

Mailing Address 282 Baker Road

City: Cochranville State: PA Zip Code: 19330

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR DEMENTIA SW PRACT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78461

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Mildred Bickling
Mailing Address: 282 Baker Road
City: Cochranville State: PA Zip Code: 19330
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR DEMENTIA SW PRACT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78462
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Mildred Bickling
Mailing Address: 282 Baker Road
City: Cochranville State: PA Zip Code: 19330
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR DEMENTIA SW PRACT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78463
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Mildred Bickling
Mailing Address: 282 Baker Road
City: Cochranville State: PA Zip Code: 19330
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR DEMENTIA SW PRACT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78464
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Mildred Bickling

Mailing Address 282 Baker Road

City: Cochranville
State: PA
Zip Code: 19330

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR DEMENTIA SW PRACT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78465

Amount of Each Receipt this Period: 10.00

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

Mailing Address 8131 BIG OAK TRAIL

City: HOUSTON
State: TX
Zip Code: 77040

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CONSULTANT NURSE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78916

Amount of Each Receipt this Period: 10.00

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

Mailing Address 8131 BIG OAK TRAIL

City: HOUSTON
State: TX
Zip Code: 77040

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CONSULTANT NURSE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78917

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Barbara Bierstedt
Mailing Address: 8131 BIG OAK TRAIL
City: HOUSTON State: TX Zip Code: 77040
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CONSULTANT NURSE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78918
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Barbara Bierstedt
Mailing Address: 8131 BIG OAK TRAIL
City: HOUSTON State: TX Zip Code: 77040
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CONSULTANT NURSE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78919
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Barbara Bierstedt
Mailing Address: 8131 BIG OAK TRAIL
City: HOUSTON State: TX Zip Code: 77040
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CONSULTANT NURSE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78920
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): RICHARD P BLINN
Mailing Address: 67 BLOSSOM ROAD
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3150.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78312
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): RICHARD P BLINN
Mailing Address: 67 BLOSSOM ROAD
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3300.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78313
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): RICHARD P BLINN
Mailing Address: 67 BLOSSOM ROAD
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78314
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 67 BLOSSOM ROAD

City: WINDHAM
State: NH
Zip Code: 03087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78315

Amount of Each Receipt this Period: 150.00

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

Mailing Address 67 BLOSSOM ROAD

City: WINDHAM
State: NH
Zip Code: 03087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78316

Amount of Each Receipt this Period: 150.00

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

Mailing Address 16 PERRY RIDGE COURT

City: BALTIMORE
State: MD
Zip Code: 21237

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-MGD CARE REVENUE DEVLOPMNT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78496

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Joseph Bourne
Mailing Address: 16 PERRY RIDGE COURT
City: BALTIMORE State: MD Zip Code: 21237
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-MGD CARE REVENUE DEVLOPMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78497
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): Joseph Bourne
Mailing Address: 16 PERRY RIDGE COURT
City: BALTIMORE State: MD Zip Code: 21237
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-MGD CARE REVENUE DEVLOPMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 800.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78498
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial): Joseph Bourne
Mailing Address: 16 PERRY RIDGE COURT
City: BALTIMORE State: MD Zip Code: 21237
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-MGD CARE REVENUE DEVLOPMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 850.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78499
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)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Joseph Bourne
Mailing Address: 16 PERRY RIDGE COURT
City: BALTIMORE State: MD Zip Code: 21237
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-MGD CARE REVENUE DEVLOPMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78500
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): Carol Britt
Mailing Address: 302 N SCOTT ST
City: MADISONVILLE State: KY Zip Code: 42431
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 19 / 2015
Transaction ID : SA11AI.78842
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Carol Britt
Mailing Address: 302 N SCOTT ST
City: MADISONVILLE State: KY Zip Code: 42431
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 / 03 / 2015
Transaction ID : SA11AI.78843
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Carol Britt
Mailing Address: 302 N SCOTT ST
City: MADISONVILLE State: KY Zip Code: 42431
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12/17/2015
Transaction ID : SA11AI.78844
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Carol Britt
Mailing Address: 302 N SCOTT ST
City: MADISONVILLE State: KY Zip Code: 42431
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78845
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Julie Britton
Mailing Address: 6 DERBY CIRCLE
City: HORSHAM State: PA Zip Code: 19044
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 735.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78044
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 55.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Julie Britton
Mailing Address: 6 DERBY CIRCLE
City: HORSHAM State: PA Zip Code: 19044
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 770.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78045
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial): Julie Britton
Mailing Address: 6 DERBY CIRCLE
City: HORSHAM State: PA Zip Code: 19044
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 805.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78046
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial): Julie Britton
Mailing Address: 6 DERBY CIRCLE
City: HORSHAM State: PA Zip Code: 19044
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78047
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Julie Britton
Mailing Address: 6 DERBY CIRCLE
City: HORSHAM State: PA Zip Code: 19044
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 875.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78048
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial): ROBIN BROWN
Mailing Address: 22 MOLLY LANE
City: SEBAGO State: ME Zip Code: 04029
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78675
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): ROBIN BROWN
Mailing Address: 22 MOLLY LANE
City: SEBAGO State: ME Zip Code: 04029
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78676
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ROBIN BROWN
Mailing Address: 22 MOLLY LANE
City: SEBAGO State: ME Zip Code: 04029
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78677
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): ROBIN BROWN
Mailing Address: 22 MOLLY LANE
City: SEBAGO State: ME Zip Code: 04029
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78678
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): ROBIN BROWN
Mailing Address: 22 MOLLY LANE
City: SEBAGO State: ME Zip Code: 04029
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78679
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City: ELLICOTT CITY
State: MD
Zip Code: 21043

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PHYSICIAN SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77818

Amount of Each Receipt this Period: 20.00

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

Mailing Address 8565 TRAILVIEW DR.

City: ELLICOTT CITY
State: MD
Zip Code: 21043

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PHYSICIAN SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77819

Amount of Each Receipt this Period: 20.00

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

Mailing Address 8565 TRAILVIEW DR.

City: ELLICOTT CITY
State: MD
Zip Code: 21043

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PHYSICIAN SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77820

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City: ELLICOTT CITY
State: MD
Zip Code: 21043

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PHYSICIAN SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77821

Amount of Each Receipt this Period: 20.00

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

Mailing Address 8565 TRAILVIEW DR.

City: ELLICOTT CITY
State: MD
Zip Code: 21043

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PHYSICIAN SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77822

Amount of Each Receipt this Period: 20.00

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

Mailing Address 201 OAKCREST DR

City: WAKE FOREST
State: NC
Zip Code: 27587

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 740.60

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79081

Amount of Each Receipt this Period: 36.45

SUBTOTAL of Receipts This Page (optional) ▶ 76.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Janice Burnap
Mailing Address 201 OAKCREST DR
City: WAKE FOREST State: NC Zip Code: 27587
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 775.35
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79082
Amount of Each Receipt this Period: 34.75

B. Full Name (Last, First, Middle Initial): Janice Burnap
Mailing Address 201 OAKCREST DR
City: WAKE FOREST State: NC Zip Code: 27587
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 810.10
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79083
Amount of Each Receipt this Period: 34.75

C. Full Name (Last, First, Middle Initial): Janice Burnap
Mailing Address 201 OAKCREST DR
City: WAKE FOREST State: NC Zip Code: 27587
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 851.75
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79084
Amount of Each Receipt this Period: 41.65

SUBTOTAL of Receipts This Page (optional) ▶ 111.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Janice Burnap
Mailing Address: 201 OAKCREST DR
City: WAKE FOREST State: NC Zip Code: 27587
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 895.81
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79085
Amount of Each Receipt this Period: 44.06

B. Full Name (Last, First, Middle Initial): Marsha Butler
Mailing Address: 2222 Ebbvale Road
City: Manchester State: MD Zip Code: 21102
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 ▼: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78355
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Marsha Butler
Mailing Address: 2222 Ebbvale Road
City: Manchester State: MD Zip Code: 21102
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 ▼: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78356
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 94.06

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Marsha Butler
Mailing Address: 2222 Ebbvale Road
City: Manchester State: MD Zip Code: 21102
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 ▼: 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78357
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Marsha Butler
Mailing Address: 2222 Ebbvale Road
City: Manchester State: MD Zip Code: 21102
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 ▼: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78358
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Marsha Butler
Mailing Address: 2222 Ebbvale Road
City: Manchester State: MD Zip Code: 21102
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 ▼: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78359
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 354 BORTONS MILL ROAD

City: CHERRY HILL | State: NJ | Zip Code: 08034

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78108

Amount of Each Receipt this Period: 25.00

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

Mailing Address 354 BORTONS MILL ROAD

City: CHERRY HILL | State: NJ | Zip Code: 08034

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78109

Amount of Each Receipt this Period: 25.00

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

Mailing Address 354 BORTONS MILL ROAD

City: CHERRY HILL | State: NJ | Zip Code: 08034

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78110

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 354 BORTONS MILL ROAD

City: CHERRY HILL
State: NJ
Zip Code: 08034

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78111

Amount of Each Receipt this Period: 25.00

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

Mailing Address 354 BORTONS MILL ROAD

City: CHERRY HILL
State: NJ
Zip Code: 08034

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78112

Amount of Each Receipt this Period: 25.00

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

Mailing Address 1930 PEBBLE LAKE CIR

City: BIRMINGHAM
State: AL
Zip Code: 35235

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79071

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Betty Clune
Mailing Address: 1930 PEBBLE LAKE CIR
City: BIRMINGHAM State: AL Zip Code: 35235
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79072
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Betty Clune
Mailing Address: 1930 PEBBLE LAKE CIR
City: BIRMINGHAM State: AL Zip Code: 35235
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79073
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Betty Clune
Mailing Address: 1930 PEBBLE LAKE CIR
City: BIRMINGHAM State: AL Zip Code: 35235
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79074
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Betty Clune
Mailing Address: 1930 PEBBLE LAKE CIR
City: BIRMINGHAM State: AL Zip Code: 35235
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79075
Amount of Each Receipt this Period: 20.00

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: VP-IS SUPPORT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 966.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77990
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: VP-IS SUPPORT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1012.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77991
Amount of Each Receipt this Period: 46.00

SUBTOTAL of Receipts This Page (optional) ▶ 112.00

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. 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: VP-IS SUPPORT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1058.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.77992

Amount of Each Receipt this Period: 46.00

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: VP-IS SUPPORT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1104.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.77993

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: VP-IS SUPPORT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.77994

Amount of Each Receipt this Period: 46.00

SUBTOTAL of Receipts This Page (optional) ▶ 138.00

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)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PATRICIA COLANTON
Mailing Address: 9 WYMAN ROAD
City: BILLERICA State: MA Zip Code: 01821
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-REGNL HUMAN RES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78426
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): PATRICIA COLANTON
Mailing Address: 9 WYMAN ROAD
City: BILLERICA State: MA Zip Code: 01821
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-REGNL HUMAN RES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78427
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): PATRICIA COLANTON
Mailing Address: 9 WYMAN ROAD
City: BILLERICA State: MA Zip Code: 01821
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-REGNL HUMAN RES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78428
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PATRICIA COLANTON
Mailing Address: 9 WYMAN ROAD
City: BILLERICA State: MA Zip Code: 01821
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-REGNL HUMAN RES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78429
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): PATRICIA COLANTON
Mailing Address: 9 WYMAN ROAD
City: BILLERICA State: MA Zip Code: 01821
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-REGNL HUMAN RES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78430
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Mary Cook
Mailing Address: 2520-1 BALD MOUNTAIN RD
City: CLARKS SUMMIT State: PA Zip Code: 18411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78481
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Mary Cook
Mailing Address: 2520-1 BALD MOUNTAIN RD
City: CLARKS SUMMIT State: PA Zip Code: 18411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78482
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Mary Cook
Mailing Address: 2520-1 BALD MOUNTAIN RD
City: CLARKS SUMMIT State: PA Zip Code: 18411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78483
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Mary Cook
Mailing Address: 2520-1 BALD MOUNTAIN RD
City: CLARKS SUMMIT State: PA Zip Code: 18411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78484
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Mary Cook
Mailing Address: 2520-1 BALD MOUNTAIN RD
City: CLARKS SUMMIT State: PA Zip Code: 18411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78485
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): MICHELE LYNN CORNWELL
Mailing Address: 563 BRECKENRIDGE WAY
City: SHENANDOAH JUNCTION State: WV Zip Code: 25442
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11/27/2015
Transaction ID : SA11AI.78520
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): MICHELE LYNN CORNWELL
Mailing Address: 563 BRECKENRIDGE WAY
City: SHENANDOAH JUNCTION State: WV Zip Code: 25442
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12/11/2015
Transaction ID : SA11AI.78521
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MICHELE LYNN CORNWELL
Mailing Address: 563 BRECKENRIDGE WAY
City: SHENANDOAH JUNCTION
State: WV
Zip Code: 25442
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78522
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Antonio Costa
Mailing Address: 1062 ELKGROVE AVE
City: VENICE
State: CA
Zip Code: 90291
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78321
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Antonio Costa
Mailing Address: 1062 ELKGROVE AVE
City: VENICE
State: CA
Zip Code: 90291
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78322
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Antonio Costa
Mailing Address: 1062 ELKGROVE AVE
City: VENICE State: CA Zip Code: 90291
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78323
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Antonio Costa
Mailing Address: 1062 ELKGROVE AVE
City: VENICE State: CA Zip Code: 90291
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78324
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Antonio Costa
Mailing Address: 1062 ELKGROVE AVE
City: VENICE State: CA Zip Code: 90291
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78325
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Michelle 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: VP-CLINICAL OPERATIONS RN

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78282

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Michelle 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: VP-CLINICAL OPERATIONS RN

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78283

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Michelle 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: VP-CLINICAL OPERATIONS RN

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78284

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Michelle 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: VP-CLINICAL OPERATIONS RN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78285

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Michelle 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: VP-CLINICAL OPERATIONS RN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78286

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
VICKIE L COX

Mailing Address 5760 SUMMIT BRIDGE ROAD

City: TOWNSEND
State: DE
Zip Code: 19734

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77881

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
VICKIE L COX

Mailing Address 5760 SUMMIT BRIDGE ROAD

City: TOWNSEND State: DE Zip Code: 19734

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77882

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
VICKIE L COX

Mailing Address 5760 SUMMIT BRIDGE ROAD

City: TOWNSEND State: DE Zip Code: 19734

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77883

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
VICKIE L COX

Mailing Address 5760 SUMMIT BRIDGE ROAD

City: TOWNSEND State: DE Zip Code: 19734

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77884

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
VICKIE L COX

Mailing Address 5760 SUMMIT BRIDGE ROAD

City: TOWNSEND
State: DE
Zip Code: 19734

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.77885

Amount of Each Receipt this Period: 20.00

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

Mailing Address 13 KIMBERLY DR

City: SOUTH HADLEY
State: MA
Zip Code: 01075

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78747

Amount of Each Receipt this Period: 20.00

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

Mailing Address 13 KIMBERLY DR

City: SOUTH HADLEY
State: MA
Zip Code: 01075

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78748

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): John Crotty
Mailing Address: 13 KIMBERLY DR
City: SOUTH HADLEY State: MA Zip Code: 01075
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78749
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): John Crotty
Mailing Address: 13 KIMBERLY DR
City: SOUTH HADLEY State: MA Zip Code: 01075
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78750
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Mary 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 ▼ 735.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78402
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Mary 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 ▼: 770.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78403
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial): Mary 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 ▼: 805.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78404
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial): Mary 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 ▼: 840.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78405
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Mary 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 ▼ 875.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78406

Amount of Each Receipt this Period: 35.00

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

Mailing Address 44 TANGLEWOOD DRIVE

City: HENNIKER
State: NH
Zip Code: 03242

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77804

Amount of Each Receipt this Period: 50.00

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

Mailing Address 44 TANGLEWOOD DRIVE

City: HENNIKER
State: NH
Zip Code: 03242

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77805

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 135.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 44 TANGLEWOOD DRIVE

City: HENNIKER
State: NH
Zip Code: 03242

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.77806

Amount of Each Receipt this Period: 50.00

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

Mailing Address 44 TANGLEWOOD DRIVE

City: HENNIKER
State: NH
Zip Code: 03242

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.77807

Amount of Each Receipt this Period: 50.00

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

Mailing Address 44 TANGLEWOOD DRIVE

City: HENNIKER
State: NH
Zip Code: 03242

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.77808

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 831 FOUR STREAMS DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78127

Amount of Each Receipt this Period: 50.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78128

Amount of Each Receipt this Period: 50.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78129

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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 831 FOUR STREAMS DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78130

Amount of Each Receipt this Period: 50.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78131

Amount of Each Receipt this Period: 50.00

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

Mailing Address 12 FLYWAY DRIVE

City: NEWTOWN SQUARE
State: PA
Zip Code: 19073

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PROJECT MANAGEMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78541

Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PAULA D'AMICO
Mailing Address: 12 FLYWAY DRIVE
City: NEWTOWN SQUARE
State: PA
Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PROJECT MANAGEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1760.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78542
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial): PAULA D'AMICO
Mailing Address: 12 FLYWAY DRIVE
City: NEWTOWN SQUARE
State: PA
Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PROJECT MANAGEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1840.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78543
Amount of Each Receipt this Period: 80.00

C.
Full Name (Last, First, Middle Initial): PAULA D'AMICO
Mailing Address: 12 FLYWAY DRIVE
City: NEWTOWN SQUARE
State: PA
Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PROJECT MANAGEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1920.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78544
Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PAULA D'AMICO
Mailing Address: 12 FLYWAY DRIVE
City: NEWTOWN SQUARE
State: PA
Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-PROJECT MANAGEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78545
Amount of Each Receipt this Period: 80.00

B.
Full Name (Last, First, Middle Initial): KEITH DAVIS
Mailing Address: 33 RICKLAND DRIVE
City: SEWELL
State: NJ
Zip Code: 08080
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1365.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77946
Amount of Each Receipt this Period: 65.00

C.
Full Name (Last, First, Middle Initial): KEITH DAVIS
Mailing Address: 33 RICKLAND DRIVE
City: SEWELL
State: NJ
Zip Code: 08080
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1430.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77947
Amount of Each Receipt this Period: 65.00

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 33 RICKLAND DRIVE

City: SEWELL
State: NJ
Zip Code: 08080

FEC ID number of contributing federal political committee. C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77948

Amount of Each Receipt this Period: 65.00

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

Mailing Address 33 RICKLAND DRIVE

City: SEWELL
State: NJ
Zip Code: 08080

FEC ID number of contributing federal political committee. C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77949

Amount of Each Receipt this Period: 65.00

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

Mailing Address 33 RICKLAND DRIVE

City: SEWELL
State: NJ
Zip Code: 08080

FEC ID number of contributing federal political committee. C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1625.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77950

Amount of Each Receipt this Period: 65.00

SUBTOTAL of Receipts This Page (optional) ▶ 195.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼: 1155.00
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
Transaction ID : SA11AI.78039
Amount of Each Receipt this Period: 55.00

B.
Full Name (Last, First, Middle Initial): CAROLYN DIEFENDERFER
Mailing Address: 1 DUBB DRIVE
City: NEWARK State: DE Zip Code: 19702
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CORPORATE BILLING SYS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1210.00
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
Transaction ID : SA11AI.78040
Amount of Each Receipt this Period: 55.00

C.
Full Name (Last, First, Middle Initial): CAROLYN DIEFENDERFER
Mailing Address: 1 DUBB DRIVE
City: NEWARK State: DE Zip Code: 19702
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-CORPORATE BILLING SYS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1265.00
Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015
Transaction ID : SA11AI.78041
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ▶ 165.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 1320.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78042

Amount of Each Receipt this Period: 55.00

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

Mailing Address 1 DUBB DRIVE

City: NEWARK State: DE Zip Code: 19702

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78043

Amount of Each Receipt this Period: 55.00

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 ▼ 4032.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78195

Amount of Each Receipt this Period: 192.00

SUBTOTAL of Receipts This Page (optional) ▶ 302.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 20 SHEFFIELD DRIVE

City: WEST GROVE
State: PA
Zip Code: 19390

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
4224.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78196

Amount of Each Receipt this Period
192.00

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 ▼
4416.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78197

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 ▼
4608.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78198

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional) ▶ 576.00

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

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 20 SHEFFIELD DRIVE

City: WEST GROVE
State: PA
Zip Code: 19390

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78199

Amount of Each Receipt this Period: 192.00

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

Mailing Address 421 PRESCOTT DRIVE

City: CHESTER SPRINGS
State: PA
Zip Code: 19425

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78961

Amount of Each Receipt this Period: 40.00

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

Mailing Address 421 PRESCOTT DRIVE

City: CHESTER SPRINGS
State: PA
Zip Code: 19425

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78962

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 272.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Jason Dobry
Mailing Address: 421 PRESCOTT DRIVE
City: CHESTER SPRINGS State: PA Zip Code: 19425
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR. SPEND MGMT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 920.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78963
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Jason Dobry
Mailing Address: 421 PRESCOTT DRIVE
City: CHESTER SPRINGS State: PA Zip Code: 19425
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR. SPEND MGMT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 960.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78964
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): Jason Dobry
Mailing Address: 421 PRESCOTT DRIVE
City: CHESTER SPRINGS State: PA Zip Code: 19425
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR. SPEND MGMT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78965
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 46 ECHO LANE

City: TREMONT | State: PA | Zip Code: 17981

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78365

Amount of Each Receipt this Period: 10.00

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

Mailing Address 46 ECHO LANE

City: TREMONT | State: PA | Zip Code: 17981

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78366

Amount of Each Receipt this Period: 10.00

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

Mailing Address 46 ECHO LANE

City: TREMONT | State: PA | Zip Code: 17981

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78367

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): CAROL DOCKEY
Mailing Address: 46 ECHO LANE
City: TREMONT State: PA Zip Code: 17981
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78368
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): CAROL DOCKEY
Mailing Address: 46 ECHO LANE
City: TREMONT State: PA Zip Code: 17981
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78369
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Novaleigh Dodge-Krupa
Mailing Address: 162 PLEASANT STREET
City: READING State: MA Zip Code: 01867
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78258
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Novaleigh Dodge-Krupa
Mailing Address: 162 PLEASANT STREET
City: READING State: MA Zip Code: 01867
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78259
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Novaleigh Dodge-Krupa
Mailing Address: 162 PLEASANT STREET
City: READING State: MA Zip Code: 01867
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78260
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Novaleigh Dodge-Krupa
Mailing Address: 162 PLEASANT STREET
City: READING State: MA Zip Code: 01867
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78261
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Novaleigh Dodge-Krupa
Mailing Address: 162 PLEASANT STREET
City: READING State: MA Zip Code: 01867
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78262
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): SHAWN P EDDY
Mailing Address: 5109 BRIAR MEADOW DRIVE
City: CROSS LANES State: WV Zip Code: 25313
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78069
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): SHAWN P EDDY
Mailing Address: 5109 BRIAR MEADOW DRIVE
City: CROSS LANES State: WV Zip Code: 25313
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78070
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): SHAWN P EDDY
Mailing Address: 5109 BRIAR MEADOW DRIVE
City: CROSS LANES State: WV Zip Code: 25313
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78071
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): SHAWN P EDDY
Mailing Address: 5109 BRIAR MEADOW DRIVE
City: CROSS LANES State: WV Zip Code: 25313
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78072
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): SHAWN P EDDY
Mailing Address: 5109 BRIAR MEADOW DRIVE
City: CROSS LANES State: WV Zip Code: 25313
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78073
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DAWN L EDWARDS
Mailing Address: 22618 CAMRYN WAY
City: QUEEN ANNE State: MD Zip Code: 21657
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78024
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): DAWN L EDWARDS
Mailing Address: 22618 CAMRYN WAY
City: QUEEN ANNE State: MD Zip Code: 21657
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78025
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): DAWN L EDWARDS
Mailing Address: 22618 CAMRYN WAY
City: QUEEN ANNE State: MD Zip Code: 21657
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78026
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DAWN L EDWARDS
Mailing Address: 22618 CAMRYN WAY
City: QUEEN ANNE State: MD Zip Code: 21657
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78027
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): DAWN L EDWARDS
Mailing Address: 22618 CAMRYN WAY
City: QUEEN ANNE State: MD Zip Code: 21657
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78028
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): J. Richard Edwards
Mailing Address: 29 SOUTHAMPTON PARISH ROAD
City: LANDENBERG State: PA Zip Code: 19350
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND TREASURER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 980.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78565
Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City: LANDENBERG
State: PA
Zip Code: 19350

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND TREASURER

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78566

Amount of Each Receipt this Period
70.00

B. Full Name (Last, First, Middle Initial)
J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City: LANDENBERG
State: PA
Zip Code: 19350

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND TREASURER

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1120.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78567

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City: LANDENBERG
State: PA
Zip Code: 19350

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND TREASURER

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1190.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78568

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City: LANDENBERG
State: PA
Zip Code: 19350

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND TREASURER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78569

Amount of Each Receipt this Period: 70.00

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

Mailing Address 7689 CLINK RD NE

City: MOSES LAKE
State: WA
Zip Code: 98837

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.78872

Amount of Each Receipt this Period: 10.00

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

Mailing Address 7689 CLINK RD NE

City: MOSES LAKE
State: WA
Zip Code: 98837

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 30 / 2015
Transaction ID : SA11AI.78873

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Linda Edwards

Mailing Address 7689 CLINK RD NE

City: MOSES LAKE
State: WA
Zip Code: 98837

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 14 / 2015
Transaction ID : SA11AI.78874

Amount of Each Receipt this Period: 10.00

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

Mailing Address 7689 CLINK RD NE

City: MOSES LAKE
State: WA
Zip Code: 98837

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 28 / 2015
Transaction ID : SA11AI.78875

Amount of Each Receipt this Period: 10.00

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

Mailing Address 1208 25TH AVE SW

City: GREAT FALLS
State: MT
Zip Code: 59404

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 02 / 2015
Transaction ID : SA11AI.78861

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Randy Edwards

Mailing Address 1208 25TH AVE SW

City: GREAT FALLS
State: MT
Zip Code: 59404

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.78862

Amount of Each Receipt this Period: 20.00

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

Mailing Address 1208 25TH AVE SW

City: GREAT FALLS
State: MT
Zip Code: 59404

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 30 / 2015
Transaction ID : SA11AI.78863

Amount of Each Receipt this Period: 20.00

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

Mailing Address 1208 25TH AVE SW

City: GREAT FALLS
State: MT
Zip Code: 59404

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 14 / 2015
Transaction ID : SA11AI.78864

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Randy Edwards

Mailing Address 1208 25TH AVE SW

City: GREAT FALLS
State: MT
Zip Code: 59404

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 28 / 2015
Transaction ID : SA11AI.78865

Amount of Each Receipt this Period: 20.00

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

Mailing Address 10 WEST MERRITT STREET

City: PLAINS
State: PA
Zip Code: 18705

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78451

Amount of Each Receipt this Period: 20.00

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

Mailing Address 10 WEST MERRITT STREET

City: PLAINS
State: PA
Zip Code: 18705

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78452

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Holly Eichhorn
Mailing Address: 10 WEST MERRITT STREET
City: PLAINS State: PA Zip Code: 18705
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 460.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78453
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Holly Eichhorn
Mailing Address: 10 WEST MERRITT STREET
City: PLAINS State: PA Zip Code: 18705
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78454
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Holly Eichhorn
Mailing Address: 10 WEST MERRITT STREET
City: PLAINS State: PA Zip Code: 18705
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78455
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Regina Elizabeth Elkins
Mailing Address: 706 GILMARYS ROAD
City: BALTIMORE State: MD Zip Code: 21210
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78000
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Regina Elizabeth Elkins
Mailing Address: 706 GILMARYS ROAD
City: BALTIMORE State: MD Zip Code: 21210
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78001
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Regina Elizabeth Elkins
Mailing Address: 706 GILMARYS ROAD
City: BALTIMORE State: MD Zip Code: 21210
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78002
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City: BALTIMORE
State: MD
Zip Code: 21210

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78003

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City: BALTIMORE
State: MD
Zip Code: 21210

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78004

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE M. EMRICK

Mailing Address 2312 BLUE JAY DRIVE

City: NAZARETH
State: PA
Zip Code: 18064

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78771

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): CHRISTINE M. EMRICK
Mailing Address: 2312 BLUE JAY DRIVE
City: NAZARETH
State: PA
Zip Code: 18064
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78772
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): CHRISTINE M. EMRICK
Mailing Address: 2312 BLUE JAY DRIVE
City: NAZARETH
State: PA
Zip Code: 18064
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78773
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): CHRISTINE M. EMRICK
Mailing Address: 2312 BLUE JAY DRIVE
City: NAZARETH
State: PA
Zip Code: 18064
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78774
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): CHRISTINE M. EMRICK
Mailing Address: 2312 BLUE JAY DRIVE
City: NAZARETH State: PA Zip Code: 18064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78775
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): HOLLY J ESTEL
Mailing Address: 2048 PINECREST DRIVE
City: MORGANTOWN State: WV Zip Code: 26505
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1644.95
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78224
Amount of Each Receipt this Period: 92.72

C.
Full Name (Last, First, Middle Initial): HOLLY J ESTEL
Mailing Address: 2048 PINECREST DRIVE
City: MORGANTOWN State: WV Zip Code: 26505
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1724.91
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78225
Amount of Each Receipt this Period: 79.96

SUBTOTAL of Receipts This Page (optional) ▶ 192.68

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2048 PINECREST DRIVE

City: MORGANTOWN
State: WV
Zip Code: 26505

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1796.93

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78226

Amount of Each Receipt this Period: 72.02

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

Mailing Address 2048 PINECREST DRIVE

City: MORGANTOWN
State: WV
Zip Code: 26505

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1885.36

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78227

Amount of Each Receipt this Period: 88.43

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

Mailing Address 2048 PINECREST DRIVE

City: MORGANTOWN
State: WV
Zip Code: 26505

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.59

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78228

Amount of Each Receipt this Period: 76.23

SUBTOTAL of Receipts This Page (optional) ▶ 236.68

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 108 COUNTRY COVE ESTATE

City: SCOTT DEPOT
State: WV
Zip Code: 25560

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL MARKETING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78523

Amount of Each Receipt this Period: 20.00

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

Mailing Address 108 COUNTRY COVE ESTATE

City: SCOTT DEPOT
State: WV
Zip Code: 25560

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL MARKETING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78524

Amount of Each Receipt this Period: 20.00

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

Mailing Address 108 COUNTRY COVE ESTATE

City: SCOTT DEPOT
State: WV
Zip Code: 25560

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL MARKETING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78525

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 108 COUNTRY COVE ESTATE

City: SCOTT DEPOT
State: WV
Zip Code: 25560

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL MARKETING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78526

Amount of Each Receipt this Period: 20.00

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

Mailing Address 108 COUNTRY COVE ESTATE

City: SCOTT DEPOT
State: WV
Zip Code: 25560

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL MARKETING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78527

Amount of Each Receipt this Period: 20.00

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

Mailing Address 9035 VILLAGE

City: ALBUQUERQUE
State: NM
Zip Code: 87122

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 777.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78941

Amount of Each Receipt this Period: 37.00

SUBTOTAL of Receipts This Page (optional) ▶ 77.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Sara Farmer
Mailing Address: 9035 VILLAGE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 814.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78942
Amount of Each Receipt this Period: 37.00

B. Full Name (Last, First, Middle Initial): Sara Farmer
Mailing Address: 9035 VILLAGE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 851.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78943
Amount of Each Receipt this Period: 37.00

C. Full Name (Last, First, Middle Initial): Sara Farmer
Mailing Address: 9035 VILLAGE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 888.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78944
Amount of Each Receipt this Period: 37.00

SUBTOTAL of Receipts This Page (optional) ▶ 111.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Sara Farmer
Mailing Address: 9035 VILLAGE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 925.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78945
Amount of Each Receipt this Period: 37.00

B. Full Name (Last, First, Middle Initial): Thomas Farnan
Mailing Address: 4 Spyglass Point
City: Bedford State: NH Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 315.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78476
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial): Thomas Farnan
Mailing Address: 4 Spyglass Point
City: Bedford State: NH Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 330.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.78477
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 67.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Thomas Farnan
Mailing Address: 4 Spyglass Point
City: Bedford
State: NH
Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 345.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78478
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): Thomas Farnan
Mailing Address: 4 Spyglass Point
City: Bedford
State: NH
Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 360.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78479
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): Thomas Farnan
Mailing Address: 4 Spyglass Point
City: Bedford
State: NH
Zip Code: 03110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 375.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78480
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DEAN FEICK
Mailing Address: 159 MERION LANE
City: READING State: PA Zip Code: 19607
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77823
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): DEAN FEICK
Mailing Address: 159 MERION LANE
City: READING State: PA Zip Code: 19607
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77824
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): DEAN FEICK
Mailing Address: 159 MERION LANE
City: READING State: PA Zip Code: 19607
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77825
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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): DEAN FEICK
Mailing Address: 159 MERION LANE
City: READING State: PA Zip Code: 19607
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77826
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): DEAN FEICK
Mailing Address: 159 MERION LANE
City: READING State: PA Zip Code: 19607
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77827
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial): RICHARD M FINK
Mailing Address: 12 GREENTREE DRIVE
City: PHEONIX State: MD Zip Code: 21131
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 630.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78170
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 12 GREENTREE DRIVE

City: PHEONIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78171

Amount of Each Receipt this Period
30.00

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

Mailing Address 12 GREENTREE DRIVE

City: PHEONIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
690.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78172

Amount of Each Receipt this Period
30.00

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

Mailing Address 12 GREENTREE DRIVE

City: PHEONIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78173

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 12 GREENTREE DRIVE

City: PHEONIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78174

Amount of Each Receipt this Period: 30.00

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

Mailing Address 4613 ROXBURY DRIVE

City: BETHESDA
State: MD
Zip Code: 20814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78155

Amount of Each Receipt this Period: 25.00

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

Mailing Address 4613 ROXBURY DRIVE

City: BETHESDA
State: MD
Zip Code: 20814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78156

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 4613 ROXBURY DRIVE

City: BETHESDA
State: MD
Zip Code: 20814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78157

Amount of Each Receipt this Period: 25.00

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

Mailing Address 4613 ROXBURY DRIVE

City: BETHESDA
State: MD
Zip Code: 20814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78158

Amount of Each Receipt this Period: 25.00

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

Mailing Address 4613 ROXBURY DRIVE

City: BETHESDA
State: MD
Zip Code: 20814

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78159

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 131 CORNERSTONE DR

City: NEWTOWN SQUARE
State: PA
Zip Code: 19073

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78729

Amount of Each Receipt this Period: 25.00

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

Mailing Address 131 CORNERSTONE DR

City: NEWTOWN SQUARE
State: PA
Zip Code: 19073

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78730

Amount of Each Receipt this Period: 25.00

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

Mailing Address 131 CORNERSTONE DR

City: NEWTOWN SQUARE
State: PA
Zip Code: 19073

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78731

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 131 CORNERSTONE DR

City: NEWTOWN SQUARE
State: PA
Zip Code: 19073

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: PHYSICIAN

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78732

Amount of Each Receipt this Period
25.00

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

Mailing Address 131 CORNERSTONE DR

City: NEWTOWN SQUARE
State: PA
Zip Code: 19073

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: PHYSICIAN

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78733

Amount of Each Receipt this Period
25.00

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

Mailing Address 2037 RIVERCREST DR APT 208

City: TWIN FALLS
State: ID
Zip Code: 83301

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M 11 / D D 02 / Y Y Y Y 2015

Transaction ID : SA11AI.79091

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Travis Giese

Mailing Address 2037 RIVERCREST DR APT 208

City: TWIN FALLS
State: ID
Zip Code: 83301

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.79092

Amount of Each Receipt this Period: 25.00

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

Mailing Address 2037 RIVERCREST DR APT 208

City: TWIN FALLS
State: ID
Zip Code: 83301

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 30 / 2015
Transaction ID : SA11AI.79093

Amount of Each Receipt this Period: 25.00

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

Mailing Address 2037 RIVERCREST DR APT 208

City: TWIN FALLS
State: ID
Zip Code: 83301

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 14 / 2015
Transaction ID : SA11AI.79094

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Travis Giese
Mailing Address: 2037 RIVERCREST DR APT 208
City: TWIN FALLS State: ID Zip Code: 83301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 / 28 / 2015
Transaction ID : SA11AI.79095
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial): Catherine Golaszewski
Mailing Address: 29 LOMURNO LANE
City: CAPE MAY COURT HOUSE State: NJ Zip Code: 08210
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78536
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Catherine Golaszewski
Mailing Address: 29 LOMURNO LANE
City: CAPE MAY COURT HOUSE State: NJ Zip Code: 08210
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78537
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Catherine Golaszewski

Mailing Address 29 LOMURNO LANE

City: CAPE MAY COURT HOUSE
State: NJ
Zip Code: 08210

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78538

Amount of Each Receipt this Period: 10.00

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

Mailing Address 29 LOMURNO LANE

City: CAPE MAY COURT HOUSE
State: NJ
Zip Code: 08210

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78539

Amount of Each Receipt this Period: 10.00

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

Mailing Address 29 LOMURNO LANE

City: CAPE MAY COURT HOUSE
State: NJ
Zip Code: 08210

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS RN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78540

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Jim Grady
Mailing Address: 1311 OLD TAYLOR TRAIL
City: GOSHEN State: KY Zip Code: 40026
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 ▼ 1577.75
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
Transaction ID : SA11AI.79011
Amount of Each Receipt this Period: 71.42

B. Full Name (Last, First, Middle Initial): Jim Grady
Mailing Address: 1311 OLD TAYLOR TRAIL
City: GOSHEN State: KY Zip Code: 40026
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 ▼ 1649.17
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
Transaction ID : SA11AI.79012
Amount of Each Receipt this Period: 71.42

C. Full Name (Last, First, Middle Initial): Jim Grady
Mailing Address: 1311 OLD TAYLOR TRAIL
City: GOSHEN State: KY Zip Code: 40026
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 ▼ 1720.59
Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015
Transaction ID : SA11AI.79013
Amount of Each Receipt this Period: 71.42

SUBTOTAL of Receipts This Page (optional) ▶ 214.26

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Jim Grady
Mailing Address: 1311 OLD TAYLOR TRAIL
City: GOSHEN State: KY Zip Code: 40026
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 ▼ 1800.64
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79014
Amount of Each Receipt this Period: 80.05

B. Full Name (Last, First, Middle Initial): Jim Grady
Mailing Address: 1311 OLD TAYLOR TRAIL
City: GOSHEN State: KY Zip Code: 40026
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 ▼ 1872.06
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79015
Amount of Each Receipt this Period: 71.42

C. Full Name (Last, First, Middle Initial): DENNIS GREGORY
Mailing Address: 17 ONEIDA COURT
City: CHESTER SPRINGS State: PA Zip Code: 19425
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 ▼ 735.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77853
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 186.47

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DENNIS GREGORY
Mailing Address: 17 ONEIDA COURT
City: CHESTER SPRINGS State: PA Zip Code: 19425
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 ▼ 770.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77854
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): DENNIS GREGORY
Mailing Address: 17 ONEIDA COURT
City: CHESTER SPRINGS State: PA Zip Code: 19425
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 ▼ 805.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77855
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): DENNIS GREGORY
Mailing Address: 17 ONEIDA COURT
City: CHESTER SPRINGS State: PA Zip Code: 19425
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 ▼ 840.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77856
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DENNIS GREGORY
Mailing Address: 17 ONEIDA COURT
City: CHESTER SPRINGS State: PA Zip Code: 19425
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 ▼: 875.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015
Transaction ID : SA11AI.77857
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): MARYLEE GROSSO
Mailing Address: 28 COMMONWEALTH AVENUE #4
City: BOSTON State: MA Zip Code: 02116
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 420.00
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
Transaction ID : SA11AI.78015
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): MARYLEE GROSSO
Mailing Address: 28 COMMONWEALTH AVENUE #4
City: BOSTON State: MA Zip Code: 02116
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
Transaction ID : SA11AI.78016
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MARYLEE GROSSO
Mailing Address: 28 COMMONWEALTH AVENUE #4
City: BOSTON State: MA Zip Code: 02116
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78017
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): MARYLEE GROSSO
Mailing Address: 28 COMMONWEALTH AVENUE #4
City: BOSTON State: MA Zip Code: 02116
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78018
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): MARYLEE GROSSO
Mailing Address: 28 COMMONWEALTH AVENUE #4
City: BOSTON State: MA Zip Code: 02116
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78019
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MICHAEL P GUGLIELMO
Mailing Address: 1503 STALEY CIRCLE
City: HARLEYSVILLE State: PA Zip Code: 19438
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-STRATEGIC STAFFING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78685
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): MICHAEL P GUGLIELMO
Mailing Address: 1503 STALEY CIRCLE
City: HARLEYSVILLE State: PA Zip Code: 19438
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-STRATEGIC STAFFING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78686
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): MICHAEL P GUGLIELMO
Mailing Address: 1503 STALEY CIRCLE
City: HARLEYSVILLE State: PA Zip Code: 19438
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-STRATEGIC STAFFING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78687
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-STRATEGIC STAFFING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78688

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-STRATEGIC STAFFING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78689

Amount of Each Receipt this Period: 50.00

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

Mailing Address 312 LEE ROAD

City: FOLLANSBEE
State: WV
Zip Code: 26037

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.77906

Amount of Each Receipt this Period: 100.00

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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KATHY L HADDON
Mailing Address: 312 LEE ROAD
City: FOLLANSBEE State: WV Zip Code: 26037
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2200.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77907
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): KATHY L HADDON
Mailing Address: 312 LEE ROAD
City: FOLLANSBEE State: WV Zip Code: 26037
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2300.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77908
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): KATHY L HADDON
Mailing Address: 312 LEE ROAD
City: FOLLANSBEE State: WV Zip Code: 26037
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2400.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77909
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KATHY L HADDON
Mailing Address: 312 LEE ROAD
City: FOLLANSBEE State: WV Zip Code: 26037
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77910
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): KAREN HALSTED
Mailing Address: 350 CALVERT CIRCLE
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78074
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): KAREN HALSTED
Mailing Address: 350 CALVERT CIRCLE
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78075
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KAREN HALSTED
Mailing Address: 350 CALVERT CIRCLE
City: KENNETT SQUARE
State: PA
Zip Code: 19348
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78076
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): KAREN HALSTED
Mailing Address: 350 CALVERT CIRCLE
City: KENNETT SQUARE
State: PA
Zip Code: 19348
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78077
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): KAREN HALSTED
Mailing Address: 350 CALVERT CIRCLE
City: KENNETT SQUARE
State: PA
Zip Code: 19348
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78078
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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: Genesis HealthCare Corp
Occupation: Director

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M 11 / D D 13 / Y Y Y Y 2015

Transaction ID : SA11AI.78422

Amount of Each Receipt this Period
35.00

B. 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: Genesis HealthCare Corp
Occupation: Director

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
735.00

Date of Receipt
M M 11 / D D 27 / Y Y Y Y 2015

Transaction ID : SA11AI.78423

Amount of Each Receipt this Period
35.00

C. 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: Genesis HealthCare Corp
Occupation: Director

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
M M 12 / D D 11 / Y Y Y Y 2015

Transaction ID : SA11AI.78424

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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: Genesis HealthCare Corp
Occupation: Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 805.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78425
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): Wm. Craig Harris
Mailing Address: 102 PATRIOT DRIVE
City: COLLEGEVILLE
State: PA
Zip Code: 19426
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: 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78292
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): Wm. Craig Harris
Mailing Address: 102 PATRIOT DRIVE
City: COLLEGEVILLE
State: PA
Zip Code: 19426
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: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78293
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Wm. Craig Harris
Mailing Address: 102 PATRIOT DRIVE
City: COLLEGEVILLE State: PA Zip Code: 19426
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 ▼: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78294
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): Wm. Craig Harris
Mailing Address: 102 PATRIOT DRIVE
City: COLLEGEVILLE State: PA Zip Code: 19426
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 ▼: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78295
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): Wm. Craig Harris
Mailing Address: 102 PATRIOT DRIVE
City: COLLEGEVILLE State: PA Zip Code: 19426
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 ▼: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78296
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DENINE HASTINGS
Mailing Address: 7 FOX RUN DR
City: BELCHERTOWN State: MA Zip Code: 01007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSMNT SVS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77926
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): DENINE HASTINGS
Mailing Address: 7 FOX RUN DR
City: BELCHERTOWN State: MA Zip Code: 01007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSMNT SVS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77927
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): DENINE HASTINGS
Mailing Address: 7 FOX RUN DR
City: BELCHERTOWN State: MA Zip Code: 01007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSMNT SVS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77928
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DENINE HASTINGS
Mailing Address: 7 FOX RUN DR
City: BELCHERTOWN State: MA Zip Code: 01007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSMNT SVS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77929
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): DENINE HASTINGS
Mailing Address: 7 FOX RUN DR
City: BELCHERTOWN State: MA Zip Code: 01007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REIMBURSMNT SVS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77930
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Barbara Hauswald
Mailing Address: 131 W. SPRINGFIELD AVE
City: PHILADELPHIA State: PA Zip Code: 19118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP STRATEGIC DEVELOP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 808.50
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78263
Amount of Each Receipt this Period: 38.50

SUBTOTAL of Receipts This Page (optional) ▶ 58.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Barbara Hauswald
Mailing Address: 131 W. SPRINGFIELD AVE
City: PHILADELPHIA State: PA Zip Code: 19118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP STRATEGIC DEVELOP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 847.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78264
Amount of Each Receipt this Period: 38.50

B. Full Name (Last, First, Middle Initial): Barbara Hauswald
Mailing Address: 131 W. SPRINGFIELD AVE
City: PHILADELPHIA State: PA Zip Code: 19118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP STRATEGIC DEVELOP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 885.50
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78265
Amount of Each Receipt this Period: 38.50

C. Full Name (Last, First, Middle Initial): Barbara Hauswald
Mailing Address: 131 W. SPRINGFIELD AVE
City: PHILADELPHIA State: PA Zip Code: 19118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP STRATEGIC DEVELOP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 924.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78266
Amount of Each Receipt this Period: 38.50

SUBTOTAL of Receipts This Page (optional) ▶ 115.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Barbara Hauswald
Mailing Address: 131 W. SPRINGFIELD AVE
City: PHILADELPHIA State: PA Zip Code: 19118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP STRATEGIC DEVELOP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 962.50
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78267
Amount of Each Receipt this Period: 38.50

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: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-ELDERCARE CENTERS REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1575.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78340
Amount of Each Receipt this Period: 75.00

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: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-ELDERCARE CENTERS REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1650.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.78341
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 188.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. 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: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1725.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78342

Amount of Each Receipt this Period
75.00

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: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78343

Amount of Each Receipt this Period
75.00

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: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78344

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Suzannah Herring
Mailing Address: 2400 FM 3081
City: WILLIS State: TX Zip Code: 77378
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78936
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Suzannah Herring
Mailing Address: 2400 FM 3081
City: WILLIS State: TX Zip Code: 77378
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78937
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Suzannah Herring
Mailing Address: 2400 FM 3081
City: WILLIS State: TX Zip Code: 77378
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78938
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Suzannah Herring
Mailing Address: 2400 FM 3081
City: WILLIS State: TX Zip Code: 77378
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78939
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Suzannah Herring
Mailing Address: 2400 FM 3081
City: WILLIS State: TX Zip Code: 77378
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78940
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Godfrey Hilado
Mailing Address: 73 CREEK BLUFF WAY
City: ORMOND BEACH State: FL Zip Code: 32174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78397
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 35.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Godfrey Hilado
Mailing Address: 73 CREEK BLUFF WAY
City: ORMOND BEACH State: FL Zip Code: 32174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78398
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): Godfrey Hilado
Mailing Address: 73 CREEK BLUFF WAY
City: ORMOND BEACH State: FL Zip Code: 32174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78399
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): Godfrey Hilado
Mailing Address: 73 CREEK BLUFF WAY
City: ORMOND BEACH State: FL Zip Code: 32174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78400
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Godfrey Hilado
Mailing Address: 73 CREEK BLUFF WAY
City: ORMOND BEACH State: FL Zip Code: 32174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78401
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): LAURA E HILLENBRAND
Mailing Address: 767 PISGAH ROAD
City: BRUCETON MILLS State: WV Zip Code: 26525
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77901
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): LAURA E HILLENBRAND
Mailing Address: 767 PISGAH ROAD
City: BRUCETON MILLS State: WV Zip Code: 26525
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77902
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 35.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City: BRUCETON MILLS
State: WV
Zip Code: 26525

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.77903

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City: BRUCETON MILLS
State: WV
Zip Code: 26525

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.77904

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City: BRUCETON MILLS
State: WV
Zip Code: 26525

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.77905

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 1 SUNSET KNOLL COURT

City: TIMONIUM
State: MD
Zip Code: 21093

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78646

Amount of Each Receipt this Period: 150.00

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

Mailing Address 1 SUNSET KNOLL COURT

City: TIMONIUM
State: MD
Zip Code: 21093

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78647

Amount of Each Receipt this Period: 150.00

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

Mailing Address 1 SUNSET KNOLL COURT

City: TIMONIUM
State: MD
Zip Code: 21093

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78648

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 1 SUNSET KNOLL COURT

City: TIMONIUM
State: MD
Zip Code: 21093

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78649

Amount of Each Receipt this Period: 150.00

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

Mailing Address 1 SUNSET KNOLL COURT

City: TIMONIUM
State: MD
Zip Code: 21093

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78650

Amount of Each Receipt this Period: 150.00

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

Mailing Address 237 BIEBER MILL RD

City: OLEY
State: PA
Zip Code: 19547

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: 11 / 06 / 2015

Transaction ID : SA11AI.78471

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 310.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Robert Hoch
Mailing Address: 237 BIEBER MILL RD
City: OLEY State: PA Zip Code: 19547
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: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78472
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Robert Hoch
Mailing Address: 237 BIEBER MILL RD
City: OLEY State: PA Zip Code: 19547
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: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78473
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Robert Hoch
Mailing Address: 237 BIEBER MILL RD
City: OLEY State: PA Zip Code: 19547
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: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78474
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Robert Hoch
Mailing Address: 237 BIEBER MILL RD
City: OLEY State: PA Zip Code: 19547
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: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78475
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): NATALIE P HOLLAND
Mailing Address: 2306 SULGRAVE AVENUE
City: BALTIMORE State: MD Zip Code: 21209
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-DEVELOPMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 388.50
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77981
Amount of Each Receipt this Period: 18.50

C.
Full Name (Last, First, Middle Initial): NATALIE P HOLLAND
Mailing Address: 2306 SULGRAVE AVENUE
City: BALTIMORE State: MD Zip Code: 21209
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-DEVELOPMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 407.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77982
Amount of Each Receipt this Period: 18.50

SUBTOTAL of Receipts This Page (optional) ▶ 47.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
NATALIE P HOLLAND

Mailing Address 2306 SULGRAVE AVENUE

City: BALTIMORE
State: MD
Zip Code: 21209

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-DEVELOPMENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
425.50

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.77983

Amount of Each Receipt this Period
18.50

B. Full Name (Last, First, Middle Initial)
NATALIE P HOLLAND

Mailing Address 2306 SULGRAVE AVENUE

City: BALTIMORE
State: MD
Zip Code: 21209

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-DEVELOPMENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
444.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.77984

Amount of Each Receipt this Period
18.50

C. Full Name (Last, First, Middle Initial)
NATALIE P HOLLAND

Mailing Address 2306 SULGRAVE AVENUE

City: BALTIMORE
State: MD
Zip Code: 21209

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-DEVELOPMENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
462.50

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.77985

Amount of Each Receipt this Period
18.50

SUBTOTAL of Receipts This Page (optional) ▶ 55.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Barbara Hoover
Mailing Address: 121 Bridle Trail
City: Venetia | State: PA | Zip Code: 15367
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA (REHAB SVS)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78095
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Barbara Hoover
Mailing Address: 121 Bridle Trail
City: Venetia | State: PA | Zip Code: 15367
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA (REHAB SVS)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78096
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Barbara Hoover
Mailing Address: 121 Bridle Trail
City: Venetia | State: PA | Zip Code: 15367
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA (REHAB SVS)
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78097
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Darin Hopping
Mailing Address: 130 FOXGLOVE LN
City: LEXINGTON State: NC Zip Code: 27292
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 ▼: 1539.37
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78991
Amount of Each Receipt this Period: 69.74

B.
Full Name (Last, First, Middle Initial): Darin Hopping
Mailing Address: 130 FOXGLOVE LN
City: LEXINGTON State: NC Zip Code: 27292
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 ▼: 1609.11
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78992
Amount of Each Receipt this Period: 69.74

C.
Full Name (Last, First, Middle Initial): Darin Hopping
Mailing Address: 130 FOXGLOVE LN
City: LEXINGTON State: NC Zip Code: 27292
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 ▼: 1678.85
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78993
Amount of Each Receipt this Period: 69.74

SUBTOTAL of Receipts This Page (optional) ▶ 209.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Darin Hopping
Mailing Address: 130 FOXGLOVE LN
City: LEXINGTON State: NC Zip Code: 27292
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: 1748.59
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78994
Amount of Each Receipt this Period: 69.74

B. Full Name (Last, First, Middle Initial): Darin Hopping
Mailing Address: 130 FOXGLOVE LN
City: LEXINGTON State: NC Zip Code: 27292
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: 1867.21
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78995
Amount of Each Receipt this Period: 118.62

C. Full Name (Last, First, Middle Initial): PAMELA M HUENKE
Mailing Address: 2719 FOSTER AVENUE
City: BALTIMORE State: MD Zip Code: 21224
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78180
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 198.36

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2719 FOSTER AVENUE

City: BALTIMORE
State: MD
Zip Code: 21224

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78181

Amount of Each Receipt this Period: 10.00

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

Mailing Address 2719 FOSTER AVENUE

City: BALTIMORE
State: MD
Zip Code: 21224

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78182

Amount of Each Receipt this Period: 10.00

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

Mailing Address 2719 FOSTER AVENUE

City: BALTIMORE
State: MD
Zip Code: 21224

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78183

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PAMELA M HUENKE
Mailing Address: 2719 FOSTER AVENUE
City: BALTIMORE State: MD Zip Code: 21224
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78184
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): SHAYNE M. HUTCHINSON
Mailing Address: 123 BARRINGTON DRIVE
City: SCOTT DEPOT State: WV Zip Code: 25560
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78681
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): SHAYNE M. HUTCHINSON
Mailing Address: 123 BARRINGTON DRIVE
City: SCOTT DEPOT State: WV Zip Code: 25560
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78682
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): SHAYNE M. HUTCHINSON
Mailing Address: 123 BARRINGTON DRIVE
City: SCOTT DEPOT State: WV Zip Code: 25560
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78683
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): SHAYNE M. HUTCHINSON
Mailing Address: 123 BARRINGTON DRIVE
City: SCOTT DEPOT State: WV Zip Code: 25560
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78684
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): WILLIAM E JERVIS
Mailing Address: 10 KIRKCALDY DRIVE
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 INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.77848
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): WILLIAM E JERVIS
Mailing Address: 10 KIRKCALDY DRIVE
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 INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77849
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): WILLIAM E JERVIS
Mailing Address: 10 KIRKCALDY DRIVE
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 INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77850
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): WILLIAM E JERVIS
Mailing Address: 10 KIRKCALDY DRIVE
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 INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77851
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): WILLIAM E JERVIS
Mailing Address: 10 KIRKCALDY DRIVE
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 INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77852
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): REGINA R JONES
Mailing Address: 2 WEATHERLY AVENUE
City: NEWPORT State: RI Zip Code: 02840
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77863
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): REGINA R JONES
Mailing Address: 2 WEATHERLY AVENUE
City: NEWPORT State: RI Zip Code: 02840
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.77864
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2 WEATHERLY AVENUE

City: NEWPORT
State: RI
Zip Code: 02840

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77865

Amount of Each Receipt this Period: 10.00

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

Mailing Address 2 WEATHERLY AVENUE

City: NEWPORT
State: RI
Zip Code: 02840

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.77866

Amount of Each Receipt this Period: 10.00

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

Mailing Address 2 WEATHERLY AVENUE

City: NEWPORT
State: RI
Zip Code: 02840

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77867

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): REGINA R JONES
Mailing Address: 2 WEATHERLY AVENUE
City: NEWPORT State: RI Zip Code: 02840
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.77868
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): REGINA R JONES
Mailing Address: 2 WEATHERLY AVENUE
City: NEWPORT State: RI Zip Code: 02840
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77869
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): REGINA R JONES
Mailing Address: 2 WEATHERLY AVENUE
City: NEWPORT State: RI Zip Code: 02840
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 470.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.77870
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2 WEATHERLY AVENUE

City: NEWPORT
State: RI
Zip Code: 02840

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77871

Amount of Each Receipt this Period: 10.00

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

Mailing Address 471 LARCH AVENUE

City: BOGOTA
State: NJ
Zip Code: 07603

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78792

Amount of Each Receipt this Period: 10.00

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

Mailing Address 471 LARCH AVENUE

City: BOGOTA
State: NJ
Zip Code: 07603

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78793

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Mary Kalman

Mailing Address 471 LARCH AVENUE

City: BOGOTA
State: NJ
Zip Code: 07603

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78794

Amount of Each Receipt this Period: 10.00

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

Mailing Address 804 FORESTBROOK DRIVE

City: HURRICANE
State: WV
Zip Code: 25526

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78297

Amount of Each Receipt this Period: 20.00

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

Mailing Address 804 FORESTBROOK DRIVE

City: HURRICANE
State: WV
Zip Code: 25526

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78298

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Thomas Kelley

Mailing Address 804 FORESTBROOK DRIVE

City: HURRICANE State: WV Zip Code: 25526

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78299

Amount of Each Receipt this Period: 20.00

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

Mailing Address 804 FORESTBROOK DRIVE

City: HURRICANE State: WV Zip Code: 25526

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78300

Amount of Each Receipt this Period: 20.00

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

Mailing Address 804 FORESTBROOK DRIVE

City: HURRICANE State: WV Zip Code: 25526

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78301

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Shannon Kellogg
Mailing Address: 1454 MARION CARDINGTON RD E
City: MARION State: OH Zip Code: 43302
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 744.79
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.78837
Amount of Each Receipt this Period: 37.04

B. Full Name (Last, First, Middle Initial): Shannon Kellogg
Mailing Address: 1454 MARION CARDINGTON RD E
City: MARION State: OH Zip Code: 43302
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 781.83
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78838
Amount of Each Receipt this Period: 37.04

C. Full Name (Last, First, Middle Initial): Shannon Kellogg
Mailing Address: 1454 MARION CARDINGTON RD E
City: MARION State: OH Zip Code: 43302
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 820.46
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78839
Amount of Each Receipt this Period: 38.63

SUBTOTAL of Receipts This Page (optional) ▶ 112.71

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Shannon Kellogg
Mailing Address: 1454 MARION CARDINGTON RD E
City: MARION State: OH Zip Code: 43302
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 857.50
Date of Receipt: 12/24/2015
Transaction ID : SA11AI.78840
Amount of Each Receipt this Period: 37.04

B. Full Name (Last, First, Middle Initial): WALTER J KIELAR
Mailing Address: 12 BLANTYRE CIR
City: THORNTON State: PA Zip Code: 19373
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3150.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.77784
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial): WALTER J KIELAR
Mailing Address: 12 BLANTYRE CIR
City: THORNTON State: PA Zip Code: 19373
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3300.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.77785
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 337.04

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): WALTER J KIELAR
Mailing Address: 12 BLANTYRE CIR
City: THORNTON State: PA Zip Code: 19373
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77786
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): WALTER J KIELAR
Mailing Address: 12 BLANTYRE CIR
City: THORNTON State: PA Zip Code: 19373
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77787
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): WALTER J KIELAR
Mailing Address: 12 BLANTYRE CIR
City: THORNTON State: PA Zip Code: 19373
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3750.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77788
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Mark Kilmer
Mailing Address: 4529 ERIE STREET
City: RACINE State: WI Zip Code: 53402
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78913
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Mark Kilmer
Mailing Address: 4529 ERIE STREET
City: RACINE State: WI Zip Code: 53402
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78914
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Mark Kilmer
Mailing Address: 4529 ERIE STREET
City: RACINE State: WI Zip Code: 53402
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78915
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): RICHARD S KINCAID
Mailing Address: 2903 CORNUS WAY
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77779
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): RICHARD S KINCAID
Mailing Address: 2903 CORNUS WAY
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77780
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): RICHARD S KINCAID
Mailing Address: 2903 CORNUS WAY
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77781
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
RICHARD S KINCAID

Mailing Address 2903 CORNUS WAY

City: JOPPA
State: MD
Zip Code: 21085

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.77782

Amount of Each Receipt this Period
10.00

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

Mailing Address 2903 CORNUS WAY

City: JOPPA
State: MD
Zip Code: 21085

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.77783

Amount of Each Receipt this Period
10.00

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

Mailing Address 825 SWAMP RD.

City: COVENTRY
State: CT
Zip Code: 06238

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 ▼
1367.44

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78190

Amount of Each Receipt this Period
67.41

SUBTOTAL of Receipts This Page (optional) ▶ 87.41

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Trevor Kinney

Mailing Address 825 SWAMP RD.

City: COVENTRY
State: CT
Zip Code: 06238

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 ▼ 1433.30

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78191

Amount of Each Receipt this Period: 65.86

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

Mailing Address 825 SWAMP RD.

City: COVENTRY
State: CT
Zip Code: 06238

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 ▼ 1496.43

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78192

Amount of Each Receipt this Period: 63.13

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

Mailing Address 825 SWAMP RD.

City: COVENTRY
State: CT
Zip Code: 06238

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 ▼ 1565.46

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78193

Amount of Each Receipt this Period: 69.03

SUBTOTAL of Receipts This Page (optional) ▶ 198.02

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Trevor Kinney

Mailing Address 825 SWAMP RD.

City: COVENTRY State: CT Zip Code: 06238

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 ▼ 1628.59

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78194

Amount of Each Receipt this Period: 63.13

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

Mailing Address 12910 50TH PL W

City: MUKILTEO State: WA Zip Code: 98275

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78892

Amount of Each Receipt this Period: 10.00

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

Mailing Address 12910 50TH PL W

City: MUKILTEO State: WA Zip Code: 98275

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78893

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 83.13

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Dale Kirry
Mailing Address: 12910 50TH PL W
City: MUKILTEO State: WA Zip Code: 98275
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78894
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Dale Kirry
Mailing Address: 12910 50TH PL W
City: MUKILTEO State: WA Zip Code: 98275
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78895
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Dale Kirry
Mailing Address: 12910 50TH PL W
City: MUKILTEO State: WA Zip Code: 98275
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78896
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
SHERRIE L KNASTER

Mailing Address 2414 OVERLOOK DRIVE

City: GILBERTSVILLE
State: PA
Zip Code: 19525

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA REHAB SVS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78114

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
SHERRIE L KNASTER

Mailing Address 2414 OVERLOOK DRIVE

City: GILBERTSVILLE
State: PA
Zip Code: 19525

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA REHAB SVS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78115

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
SHERRIE L KNASTER

Mailing Address 2414 OVERLOOK DRIVE

City: GILBERTSVILLE
State: PA
Zip Code: 19525

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA REHAB SVS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78116

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
ERIN KNOEPFEL

Mailing Address 9128 VALLEY VIEW DRIVE

City: CLARKS SUMMIT
State: PA
Zip Code: 18411

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78584

Amount of Each Receipt this Period: 30.00

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

Mailing Address 9128 VALLEY VIEW DRIVE

City: CLARKS SUMMIT
State: PA
Zip Code: 18411

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78585

Amount of Each Receipt this Period: 30.00

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

Mailing Address 9128 VALLEY VIEW DRIVE

City: CLARKS SUMMIT
State: PA
Zip Code: 18411

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78586

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
ERIN KNOEPFEL

Mailing Address 9128 VALLEY VIEW DRIVE

City: CLARKS SUMMIT
State: PA
Zip Code: 18411

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78587

Amount of Each Receipt this Period: 30.00

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

Mailing Address 9128 VALLEY VIEW DRIVE

City: CLARKS SUMMIT
State: PA
Zip Code: 18411

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78588

Amount of Each Receipt this Period: 30.00

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

Mailing Address 530 FREEMAN SCHOOL RD

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78150

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78151

Amount of Each Receipt this Period: 10.00

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

Mailing Address 530 FREEMAN SCHOOL RD

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78152

Amount of Each Receipt this Period: 10.00

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

Mailing Address 530 FREEMAN SCHOOL RD

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78153

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City: HARLEYSVILLE
State: PA
Zip Code: 19438

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78154

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City: THORNTON
State: PA
Zip Code: 19373

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SN ALF SYSTEMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78160

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City: THORNTON
State: PA
Zip Code: 19373

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SN ALF SYSTEMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78161

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City: THORNTON State: PA Zip Code: 19373

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SN ALF SYSTEMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78162

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City: THORNTON State: PA Zip Code: 19373

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SN ALF SYSTEMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78163

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City: THORNTON State: PA Zip Code: 19373

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SN ALF SYSTEMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78164

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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼: 2100.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78287
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 ▼: 2200.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78288
Amount of Each Receipt this Period: 100.00

C.
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 ▼: 2300.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78289
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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 2400.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78290

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 ▼ 2500.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78291

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Mary Jo Ladish

Mailing Address P.O. BOX 343

City: HOMETOWN
State: WV
Zip Code: 25109

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.79001

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Mary Jo Ladish
Mailing Address: P.O. BOX 343
City: HOMETOWN State: WV Zip Code: 25109
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.79002
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Mary Jo Ladish
Mailing Address: P.O. BOX 343
City: HOMETOWN State: WV Zip Code: 25109
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.79003
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Mary Jo Ladish
Mailing Address: P.O. BOX 343
City: HOMETOWN State: WV Zip Code: 25109
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.79004
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Mary Jo Ladish
Mailing Address: P.O. BOX 343
City: HOMETOWN State: WV Zip Code: 25109
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79005
Amount of Each Receipt this Period: 10.00

B.
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 HEALTHCARE CORPORATION
Occupation: VP GOVERNMENT RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2100.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78407
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 HEALTHCARE CORPORATION
Occupation: VP GOVERNMENT RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2200.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78408
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
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 HEALTHCARE CORPORATION
Occupation: VP GOVERNMENT RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2300.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78409
Amount of Each Receipt this Period: 100.00

B.
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 HEALTHCARE CORPORATION
Occupation: VP GOVERNMENT RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2400.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78410
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 HEALTHCARE CORPORATION
Occupation: VP GOVERNMENT RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78411
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Mary Langford
Mailing Address: 8317 HIGH SCHOOL RD
City: ELKINS PARK State: PA Zip Code: 19027
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-AREA CLIN PRACTICE GPS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78766
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Mary Langford
Mailing Address: 8317 HIGH SCHOOL RD
City: ELKINS PARK State: PA Zip Code: 19027
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-AREA CLIN PRACTICE GPS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78767
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Mary Langford
Mailing Address: 8317 HIGH SCHOOL RD
City: ELKINS PARK State: PA Zip Code: 19027
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-AREA CLIN PRACTICE GPS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78768
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Mary Langford
Mailing Address: 8317 HIGH SCHOOL RD
City: ELKINS PARK State: PA Zip Code: 19027
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-AREA CLIN PRACTICE GPS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78769
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Mary Langford
Mailing Address: 8317 HIGH SCHOOL RD
City: ELKINS PARK State: PA Zip Code: 19027
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-AREA CLIN PRACTICE GPS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78770
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): MARK W LATHAM
Mailing Address: 100 CRAM ROAD
City: SANBORNTON State: NH Zip Code: 03269
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 420.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78375
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MARK W LATHAM
Mailing Address: 100 CRAM ROAD
City: SANBORNTON State: NH Zip Code: 03269
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78376
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): MARK W LATHAM
Mailing Address: 100 CRAM ROAD
City: SANBORNTON State: NH Zip Code: 03269
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78377
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): MARK W LATHAM
Mailing Address: 100 CRAM ROAD
City: SANBORNTON State: NH Zip Code: 03269
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78378
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MARK W LATHAM
Mailing Address: 100 CRAM ROAD
City: SANBORNTON State: NH Zip Code: 03269
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78379
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): TONI LEGGORE
Mailing Address: 3807 BAKER AVENUE
City: ABINGDON State: MD Zip Code: 21009
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 315.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78059
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): TONI LEGGORE
Mailing Address: 3807 BAKER AVENUE
City: ABINGDON State: MD Zip Code: 21009
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CLINICAL PRACTICE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 330.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.78060
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City: ABINGDON
State: MD
Zip Code: 21009

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78061

Amount of Each Receipt this Period
15.00

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

Mailing Address 3807 BAKER AVENUE

City: ABINGDON
State: MD
Zip Code: 21009

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78062

Amount of Each Receipt this Period
15.00

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

Mailing Address 3807 BAKER AVENUE

City: ABINGDON
State: MD
Zip Code: 21009

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78063

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DONNA LESLIE
Mailing Address: 118 DEER VALLEY
City: HURRICANE State: WV Zip Code: 25526
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78175
Amount of Each Receipt this Period: 12.50

B.
Full Name (Last, First, Middle Initial): DONNA LESLIE
Mailing Address: 118 DEER VALLEY
City: HURRICANE State: WV Zip Code: 25526
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78176
Amount of Each Receipt this Period: 12.50

C.
Full Name (Last, First, Middle Initial): DONNA LESLIE
Mailing Address: 118 DEER VALLEY
City: HURRICANE State: WV Zip Code: 25526
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 287.50
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78177
Amount of Each Receipt this Period: 12.50

SUBTOTAL of Receipts This Page (optional) ▶ 37.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): DONNA LESLIE
Mailing Address: 118 DEER VALLEY
City: HURRICANE State: WV Zip Code: 25526
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78178
Amount of Each Receipt this Period: 12.50

B. Full Name (Last, First, Middle Initial): DONNA LESLIE
Mailing Address: 118 DEER VALLEY
City: HURRICANE State: WV Zip Code: 25526
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 312.50
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78179
Amount of Each Receipt this Period: 12.50

C. Full Name (Last, First, Middle Initial): BRUCE R LEVIN
Mailing Address: 9440 GULLEY'S COVE LANE
City: EASTON State: MD Zip Code: 21601
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11/27/2015
Transaction ID : SA11AI.77776
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 35.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): BRUCE R LEVIN
Mailing Address: 9440 GULLEY'S COVE LANE
City: EASTON State: MD Zip Code: 21601
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.77777
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): BRUCE R LEVIN
Mailing Address: 9440 GULLEY'S COVE LANE
City: EASTON State: MD Zip Code: 21601
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.77778
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Susan Lin
Mailing Address: 14 WESTMONT RD
City: WETHERSFIELD State: CT Zip Code: 06109
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II NON-CLIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78907
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Susan Lin
Mailing Address: 14 WESTMONT RD
City: WETHERSFIELD State: CT Zip Code: 06109
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II NON-CLIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78908
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Susan Lin
Mailing Address: 14 WESTMONT RD
City: WETHERSFIELD State: CT Zip Code: 06109
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II NON-CLIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78909
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Susan Lin
Mailing Address: 14 WESTMONT RD
City: WETHERSFIELD State: CT Zip Code: 06109
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II NON-CLIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78910
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Susan Lin
Mailing Address: 14 WESTMONT RD
City: WETHERSFIELD
State: CT
Zip Code: 06109
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II NON-CLIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78911
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): JOHN F LOOME
Mailing Address: 3523 RUNNYMEDE PLACE,NW
City: WASHINGTON
State: DC
Zip Code: 20015
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SENIOR MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78560
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): JOHN F LOOME
Mailing Address: 3523 RUNNYMEDE PLACE,NW
City: WASHINGTON
State: DC
Zip Code: 20015
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SENIOR MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78561
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City: WASHINGTON
State: DC
Zip Code: 20015

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78562

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: WASHINGTON
State: DC
Zip Code: 20015

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78563

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City: WASHINGTON
State: DC
Zip Code: 20015

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SENIOR MEDICAL AFFAIRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78564

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

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DONALEE A LOUX
Mailing Address: 118 SCOTTS GLEN ROAD
City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352-1225
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS APPL RPTG SOLUTION
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77936
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): DONALEE A LOUX
Mailing Address: 118 SCOTTS GLEN ROAD
City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352-1225
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS APPL RPTG SOLUTION
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77937
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: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352-1225
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS APPL RPTG SOLUTION
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77938
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DONALEE A LOUX
Mailing Address: 118 SCOTTS GLEN ROAD
City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352-1225
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS APPL RPTG SOLUTION
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77939
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): DONALEE A LOUX
Mailing Address: 118 SCOTTS GLEN ROAD
City: LINCOLN UNIVERSITY
State: PA
Zip Code: 19352-1225
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS APPL RPTG SOLUTION
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77940
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): MAUREEN G MALEY
Mailing Address: 271 BROOK FARMS ROAD
City: LANCASTER
State: PA
Zip Code: 17601
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ASSOCIATE COUNSEL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 760.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78098
Amount of Each Receipt this Period: 40.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MAUREEN G MALEY
Mailing Address: 271 BROOK FARMS ROAD
City: LANCASTER State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ASSOCIATE COUNSEL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 800.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78099
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): MAUREEN G MALEY
Mailing Address: 271 BROOK FARMS ROAD
City: LANCASTER State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ASSOCIATE COUNSEL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 840.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78100
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): MAUREEN G MALEY
Mailing Address: 271 BROOK FARMS ROAD
City: LANCASTER State: PA Zip Code: 17601
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ASSOCIATE COUNSEL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 880.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78101
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MAUREEN G MALEY
Mailing Address: 271 BROOK FARMS ROAD
City: LANCASTER State: PA Zip Code: 17601
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ASSOCIATE COUNSEL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 920.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78102
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): GREGORY MARKS
Mailing Address: 700 ELWOOD ROAD
City: ELWOOD State: NJ Zip Code: 08217
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78436
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): GREGORY MARKS
Mailing Address: 700 ELWOOD ROAD
City: ELWOOD State: NJ Zip Code: 08217
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78437
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): GREGORY MARKS
Mailing Address: 700 ELWOOD ROAD
City: ELWOOD State: NJ Zip Code: 08217
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 460.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78438
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): GREGORY MARKS
Mailing Address: 700 ELWOOD ROAD
City: ELWOOD State: NJ Zip Code: 08217
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78439
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): GREGORY MARKS
Mailing Address: 700 ELWOOD ROAD
City: ELWOOD State: NJ Zip Code: 08217
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78440
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 667 MOUNTAIN VIEW DRIVE

City: OAKLAND
State: MD
Zip Code: 21550

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.77886

Amount of Each Receipt this Period: 150.00

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

Mailing Address 667 MOUNTAIN VIEW DRIVE

City: OAKLAND
State: MD
Zip Code: 21550

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.77887

Amount of Each Receipt this Period: 150.00

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

Mailing Address 667 MOUNTAIN VIEW DRIVE

City: OAKLAND
State: MD
Zip Code: 21550

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.77888

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 667 MOUNTAIN VIEW DRIVE

City: OAKLAND
State: MD
Zip Code: 21550

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.77889

Amount of Each Receipt this Period: 150.00

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

Mailing Address 667 MOUNTAIN VIEW DRIVE

City: OAKLAND
State: MD
Zip Code: 21550

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.77890

Amount of Each Receipt this Period: 150.00

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

Mailing Address 10319 SANDY RIDGE RD SW

City: ALBUQUERQUE
State: NM
Zip Code: 87121

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-LABOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.79061

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 310.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Elena Masse
Mailing Address: 10319 SANDY RIDGE RD SW
City: ALBUQUERQUE State: NM Zip Code: 87121
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-LABOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79062
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Elena Masse
Mailing Address: 10319 SANDY RIDGE RD SW
City: ALBUQUERQUE State: NM Zip Code: 87121
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-LABOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79063
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Elena Masse
Mailing Address: 10319 SANDY RIDGE RD SW
City: ALBUQUERQUE State: NM Zip Code: 87121
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-LABOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79064
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Elena Masse
Mailing Address: 10319 SANDY RIDGE RD SW
City: ALBUQUERQUE State: NM Zip Code: 87121
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-LABOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79065
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Kay Matheson
Mailing Address: 14560 W KENSINGTON CT
City: BOISE State: ID Zip Code: 83713
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79041
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Kay Matheson
Mailing Address: 14560 W KENSINGTON CT
City: BOISE State: ID Zip Code: 83713
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79042
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City: BOISE
State: ID
Zip Code: 83713

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.79043

Amount of Each Receipt this Period: 50.00

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

Mailing Address 14560 W KENSINGTON CT

City: BOISE
State: ID
Zip Code: 83713

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.79044

Amount of Each Receipt this Period: 50.00

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

Mailing Address 14560 W KENSINGTON CT

City: BOISE
State: ID
Zip Code: 83713

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL SALES-MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.79045

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 1050.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.77799

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 ▼ 1100.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.77800

Amount of Each Receipt this Period: 50.00

C. 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 ▼ 1150.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.77801

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 1200.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77802

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 ▼ 1250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77803

Amount of Each Receipt this Period: 50.00

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

Mailing Address 1616 QUAIL MEADOWS DRIVE

City: LANCASTER
State: OH
Zip Code: 43130

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 ▼ 840.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78986

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 140.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Angela McCord
Mailing Address: 1616 QUAIL MEADOWS DRIVE
City: LANCASTER State: OH Zip Code: 43130
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 ▼: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78987
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Angela McCord
Mailing Address: 1616 QUAIL MEADOWS DRIVE
City: LANCASTER State: OH Zip Code: 43130
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 ▼: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78988
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Angela McCord
Mailing Address: 1616 QUAIL MEADOWS DRIVE
City: LANCASTER State: OH Zip Code: 43130
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 ▼: 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78989
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Angela McCord
Mailing Address: 1616 QUAIL MEADOWS DRIVE
City: LANCASTER State: OH Zip Code: 43130
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 ▼: 1000.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78990
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): LAURA T MCGINTY
Mailing Address: 327 SOUTH VILLAGE LANE
City: CHADDS FORD State: PA Zip Code: 19317
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-PROFESSIONAL SV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 735.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77941
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial): LAURA T MCGINTY
Mailing Address: 327 SOUTH VILLAGE LANE
City: CHADDS FORD State: PA Zip Code: 19317
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-PROFESSIONAL SV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 770.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77942
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City: CHADDS FORD
State: PA
Zip Code: 19317

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-PROFESSIONAL SV

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77943

Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City: CHADDS FORD
State: PA
Zip Code: 19317

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-PROFESSIONAL SV

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77944

Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City: CHADDS FORD
State: PA
Zip Code: 19317

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-PROFESSIONAL SV

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77945

Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): John McKenna
Mailing Address: 1008 STANSELL DR
City: MIDWEST CITY
State: OK
Zip Code: 73110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-INFORMATION SVS II
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 808.50
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79016
Amount of Each Receipt this Period: 38.50

B.
Full Name (Last, First, Middle Initial): John McKenna
Mailing Address: 1008 STANSELL DR
City: MIDWEST CITY
State: OK
Zip Code: 73110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-INFORMATION SVS II
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 847.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79017
Amount of Each Receipt this Period: 38.50

C.
Full Name (Last, First, Middle Initial): John McKenna
Mailing Address: 1008 STANSELL DR
City: MIDWEST CITY
State: OK
Zip Code: 73110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-INFORMATION SVS II
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 885.50
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79018
Amount of Each Receipt this Period: 38.50

SUBTOTAL of Receipts This Page (optional) ▶ 115.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): John McKenna
Mailing Address: 1008 STANSELL DR
City: MIDWEST CITY State: OK Zip Code: 73110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-INFORMATION SVS II
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 924.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79019
Amount of Each Receipt this Period: 38.50

B. Full Name (Last, First, Middle Initial): John McKenna
Mailing Address: 1008 STANSELL DR
City: MIDWEST CITY State: OK Zip Code: 73110
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-INFORMATION SVS II
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 962.50
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79020
Amount of Each Receipt this Period: 38.50

C. Full Name (Last, First, Middle Initial): Alicia McQuain
Mailing Address: 7703B OAKHILL RD
City: NORTH ROYALTON State: OH Zip Code: 44133
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 400.00
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.79096
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 97.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Alicia McQuain
Mailing Address: 7703B OAKHILL RD
City: NORTH ROYALTON State: OH Zip Code: 44133
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 420.00
Date of Receipt: 11/27/2015
Transaction ID : SA11AI.79097
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): Alicia McQuain
Mailing Address: 7703B OAKHILL RD
City: NORTH ROYALTON State: OH Zip Code: 44133
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: 12/11/2015
Transaction ID : SA11AI.79098
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): Alicia McQuain
Mailing Address: 7703B OAKHILL RD
City: NORTH ROYALTON State: OH Zip Code: 44133
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 460.00
Date of Receipt: 12/24/2015
Transaction ID : SA11AI.79099
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): WILLIAM T MERRILL
Mailing Address: 225 TUDOR DRIVE
City: NORTH WALES State: PA Zip Code: 19454
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77843
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): WILLIAM T MERRILL
Mailing Address: 225 TUDOR DRIVE
City: NORTH WALES State: PA Zip Code: 19454
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77844
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): WILLIAM T MERRILL
Mailing Address: 225 TUDOR DRIVE
City: NORTH WALES State: PA Zip Code: 19454
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77845
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): WILLIAM T MERRILL
Mailing Address: 225 TUDOR DRIVE
City: NORTH WALES State: PA Zip Code: 19454
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77846
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): WILLIAM T MERRILL
Mailing Address: 225 TUDOR DRIVE
City: NORTH WALES State: PA Zip Code: 19454
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77847
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): Michael Meyer
Mailing Address: 4041 VIA MARISOL APT 102
City: LOS ANGELES State: CA Zip Code: 90042
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1038.56
Date of Receipt: 11 / 02 / 2015
Transaction ID : SA11AI.78817
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ 86.15

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Michael Meyer
Mailing Address: 4041 VIA MARISOL APT 102
City: LOS ANGELES State: CA Zip Code: 90042
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1084.71
Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.78818
Amount of Each Receipt this Period: 46.15

B.
Full Name (Last, First, Middle Initial): Michael Meyer
Mailing Address: 4041 VIA MARISOL APT 102
City: LOS ANGELES State: CA Zip Code: 90042
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1159.43
Date of Receipt: 11 / 30 / 2015
Transaction ID : SA11AI.78819
Amount of Each Receipt this Period: 74.72

C.
Full Name (Last, First, Middle Initial): Michael Meyer
Mailing Address: 4041 VIA MARISOL APT 102
City: LOS ANGELES State: CA Zip Code: 90042
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1226.56
Date of Receipt: 12 / 14 / 2015
Transaction ID : SA11AI.78820
Amount of Each Receipt this Period: 67.13

SUBTOTAL of Receipts This Page (optional) ▶ 188.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City: LOS ANGELES
State: CA
Zip Code: 90042

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE DIRECTOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1272.71

Date of Receipt: 12 / 28 / 2015
Transaction ID : SA11AI.78821

Amount of Each Receipt this Period: 46.15

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

Mailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City: WINDHAM
State: NH
Zip Code: 03087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS DEVELOPMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78795

Amount of Each Receipt this Period: 40.00

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

Mailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City: WINDHAM
State: NH
Zip Code: 03087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS DEVELOPMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78796

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 126.15

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Peter Middlemass
Mailing Address: 4 GOLDEN BROOK ROAD, P.O. BOX 955
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS DEVELOPMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 920.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78797
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Peter Middlemass
Mailing Address: 4 GOLDEN BROOK ROAD, P.O. BOX 955
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS DEVELOPMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 960.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78798
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): Peter Middlemass
Mailing Address: 4 GOLDEN BROOK ROAD, P.O. BOX 955
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-BUSINESS DEVELOPMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78799
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City: KNOXVILLE
State: TN
Zip Code: 37918

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78846

Amount of Each Receipt this Period: 20.00

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

Mailing Address 7001 LEGEND OAKS LN

City: KNOXVILLE
State: TN
Zip Code: 37918

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78847

Amount of Each Receipt this Period: 20.00

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

Mailing Address 7001 LEGEND OAKS LN

City: KNOXVILLE
State: TN
Zip Code: 37918

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78848

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City: KNOXVILLE State: TN Zip Code: 37918

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78849

Amount of Each Receipt this Period: 20.00

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

Mailing Address 7001 LEGEND OAKS LN

City: KNOXVILLE State: TN Zip Code: 37918

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78850

Amount of Each Receipt this Period: 20.00

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

Mailing Address 11633 HEAVYTREE CT

City: GOLD RIVER State: CA Zip Code: 95670

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78926

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Michael Milne

Mailing Address 11633 HEAVYTREE CT

City: GOLD RIVER
State: CA
Zip Code: 95670

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78927

Amount of Each Receipt this Period: 20.00

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

Mailing Address 11633 HEAVYTREE CT

City: GOLD RIVER
State: CA
Zip Code: 95670

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78928

Amount of Each Receipt this Period: 20.00

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

Mailing Address 11633 HEAVYTREE CT

City: GOLD RIVER
State: CA
Zip Code: 95670

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78929

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Michael Milne
Mailing Address: 11633 HEAVYTREE CT
City: GOLD RIVER State: CA Zip Code: 95670
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS II PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78930
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Cassie Mistretta
Mailing Address: 8405 NUGGET DR
City: MOBILE State: AL Zip Code: 36695
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 ▼: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79026
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Cassie Mistretta
Mailing Address: 8405 NUGGET DR
City: MOBILE State: AL Zip Code: 36695
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 ▼: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79027
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Cassie Mistretta
Mailing Address: 8405 NUGGET DR
City: MOBILE State: AL Zip Code: 36695
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 ▼ 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79028
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Cassie Mistretta
Mailing Address: 8405 NUGGET DR
City: MOBILE State: AL Zip Code: 36695
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 ▼ 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79029
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Cassie Mistretta
Mailing Address: 8405 NUGGET DR
City: MOBILE State: AL Zip Code: 36695
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 ▼ 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79030
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ANTHONY P MOLLICA
Mailing Address: 74 MONROE DR.
City: RUSSELL State: KY Zip Code: 41169
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78600
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): ANTHONY P MOLLICA
Mailing Address: 74 MONROE DR.
City: RUSSELL State: KY Zip Code: 41169
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78601
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): ANTHONY P MOLLICA
Mailing Address: 74 MONROE DR.
City: RUSSELL State: KY Zip Code: 41169
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78602
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2701 BALD EAGLE CIRCLE

City: AUDUBON
State: PA
Zip Code: 19403

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 ▼
1050.00

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78594

Amount of Each Receipt this Period
50.00

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

Mailing Address 2701 BALD EAGLE CIRCLE

City: AUDUBON
State: PA
Zip Code: 19403

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 ▼
1100.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78595

Amount of Each Receipt this Period
50.00

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

Mailing Address 2701 BALD EAGLE CIRCLE

City: AUDUBON
State: PA
Zip Code: 19403

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 ▼
1150.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78596

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2701 BALD EAGLE CIRCLE

City: AUDUBON
State: PA
Zip Code: 19403

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 ▼ 1200.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78597

Amount of Each Receipt this Period: 50.00

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

Mailing Address 2701 BALD EAGLE CIRCLE

City: AUDUBON
State: PA
Zip Code: 19403

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 ▼ 1250.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78598

Amount of Each Receipt this Period: 50.00

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

Mailing Address 7958 CHURCH ROAD

City: FELTON
State: PA
Zip Code: 17322

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78636

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 7958 CHURCH ROAD

City: FELTON
State: PA
Zip Code: 17322

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78637

Amount of Each Receipt this Period: 10.00

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

Mailing Address 7958 CHURCH ROAD

City: FELTON
State: PA
Zip Code: 17322

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78638

Amount of Each Receipt this Period: 10.00

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

Mailing Address 7958 CHURCH ROAD

City: FELTON
State: PA
Zip Code: 17322

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78639

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): JEFFREY A MOORE
Mailing Address: 7958 CHURCH ROAD
City: FELTON State: PA Zip Code: 17322
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-CREATIVE SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78640
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Diane Morris
Mailing Address: 2025 Kater Street
City: Philadelphia State: PA Zip Code: 19146
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77789
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Diane Morris
Mailing Address: 2025 Kater Street
City: Philadelphia State: PA Zip Code: 19146
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77790
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Diane Morris
Mailing Address: 2025 Kater Street
City: Philadelphia State: PA Zip Code: 19146
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77791
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Diane Morris
Mailing Address: 2025 Kater Street
City: Philadelphia State: PA Zip Code: 19146
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77792
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Diane Morris
Mailing Address: 2025 Kater Street
City: Philadelphia State: PA Zip Code: 19146
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-REGIONAL REIMBURSEMNT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77793
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Michael Morris
Mailing Address: 3843 PROVIDENCE ROAD
City: NEWTOWN SQUARE State: PA Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MGR-BUSINESS PLNG STRATEGY DEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78724
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Michael Morris
Mailing Address: 3843 PROVIDENCE ROAD
City: NEWTOWN SQUARE State: PA Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MGR-BUSINESS PLNG STRATEGY DEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78725
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Michael Morris
Mailing Address: 3843 PROVIDENCE ROAD
City: NEWTOWN SQUARE State: PA Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MGR-BUSINESS PLNG STRATEGY DEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78726
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Michael Morris
Mailing Address: 3843 PROVIDENCE ROAD
City: NEWTOWN SQUARE State: PA Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MGR-BUSINESS PLNG STRATEGY DEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78727
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Michael Morris
Mailing Address: 3843 PROVIDENCE ROAD
City: NEWTOWN SQUARE State: PA Zip Code: 19073
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MGR-BUSINESS PLNG STRATEGY DEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78728
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): NANCY A MORRISON
Mailing Address: 4 CONCORD WAY
City: CHADDS FORD State: PA Zip Code: 19317
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: 11 / 06 / 2015
Transaction ID : SA11AI.78054
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): NANCY A MORRISON
Mailing Address: 4 CONCORD WAY
City: CHADDS FORD
State: PA
Zip Code: 19317
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 ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78055
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): NANCY A MORRISON
Mailing Address: 4 CONCORD WAY
City: CHADDS FORD
State: PA
Zip Code: 19317
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 ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78056
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): NANCY A MORRISON
Mailing Address: 4 CONCORD WAY
City: CHADDS FORD
State: PA
Zip Code: 19317
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 ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78057
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
NANCY A MORRISON

Mailing Address 4 CONCORD WAY

City: CHADDS FORD
State: PA
Zip Code: 19317

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 ▼ 250.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78058

Amount of Each Receipt this Period: 10.00

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

Mailing Address 2454 ROSEHAVEN DRIVE

City: WESLEY CHAPEL
State: FL
Zip Code: 33544

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1475.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78996

Amount of Each Receipt this Period: 75.00

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

Mailing Address 2454 ROSEHAVEN DRIVE

City: WESLEY CHAPEL
State: FL
Zip Code: 33544

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78997

Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Kevin Mulford
Mailing Address: 2454 ROSEHAVEN DRIVE
City: WESLEY CHAPEL State: FL Zip Code: 33544
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1625.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78998
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial): Kevin Mulford
Mailing Address: 2454 ROSEHAVEN DRIVE
City: WESLEY CHAPEL State: FL Zip Code: 33544
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1700.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78999
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial): Kevin Mulford
Mailing Address: 2454 ROSEHAVEN DRIVE
City: WESLEY CHAPEL State: FL Zip Code: 33544
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1775.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79000
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Jeffrey Mullins
Mailing Address: 116 SUMMIT RIDGE RD
City: WHITE HALL State: WV Zip Code: 26554
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78626
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Jeffrey Mullins
Mailing Address: 116 SUMMIT RIDGE RD
City: WHITE HALL State: WV Zip Code: 26554
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78627
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Jeffrey Mullins
Mailing Address: 116 SUMMIT RIDGE RD
City: WHITE HALL State: WV Zip Code: 26554
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78628
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Jeffrey Mullins
Mailing Address: 116 SUMMIT RIDGE RD
City: WHITE HALL State: WV Zip Code: 26554
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78629
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Jeffrey Mullins
Mailing Address: 116 SUMMIT RIDGE RD
City: WHITE HALL State: WV Zip Code: 26554
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RISK MGMT PROGRAMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78630
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Daniel Murray
Mailing Address: 3609 13TH AVE SW
City: OLYMPIA State: WA Zip Code: 98512
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 ▼ 630.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79056
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Daniel Murray
Mailing Address: 3609 13TH AVE SW
City: OLYMPIA State: WA Zip Code: 98512
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: 660.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79057
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial): Daniel Murray
Mailing Address: 3609 13TH AVE SW
City: OLYMPIA State: WA Zip Code: 98512
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: 690.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79058
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial): Daniel Murray
Mailing Address: 3609 13TH AVE SW
City: OLYMPIA State: WA Zip Code: 98512
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: 720.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79059
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Daniel Murray

Mailing Address 3609 13TH AVE SW

City: OLYMPIA
State: WA
Zip Code: 98512

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 ▼ 750.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79060

Amount of Each Receipt this Period: 30.00

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

Mailing Address 440 MAIN STREET

City: AMESBURY
State: MA
Zip Code: 01913

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 ▼ 1050.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78360

Amount of Each Receipt this Period: 50.00

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

Mailing Address 440 MAIN STREET

City: AMESBURY
State: MA
Zip Code: 01913

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 ▼ 1100.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78361

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 440 MAIN STREET

City: AMESBURY
State: MA
Zip Code: 01913

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 ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78362

Amount of Each Receipt this Period: 50.00

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

Mailing Address 440 MAIN STREET

City: AMESBURY
State: MA
Zip Code: 01913

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 ▼ 1200.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78363

Amount of Each Receipt this Period: 50.00

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

Mailing Address 440 MAIN STREET

City: AMESBURY
State: MA
Zip Code: 01913

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 ▼ 1250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78364

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Cynthia Myers
Mailing Address: 3588 CAVE CREEK MANOR
City: LAS CRUCES State: NM Zip Code: 88011
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: 819.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79046
Amount of Each Receipt this Period: 39.00

B. Full Name (Last, First, Middle Initial): Cynthia Myers
Mailing Address: 3588 CAVE CREEK MANOR
City: LAS CRUCES State: NM Zip Code: 88011
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: 858.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79047
Amount of Each Receipt this Period: 39.00

C. Full Name (Last, First, Middle Initial): Cynthia Myers
Mailing Address: 3588 CAVE CREEK MANOR
City: LAS CRUCES State: NM Zip Code: 88011
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: 897.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79048
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ▶ 117.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Cynthia Myers
Mailing Address: 3588 CAVE CREEK MANOR
City: LAS CRUCES State: NM Zip Code: 88011
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: 936.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79049
Amount of Each Receipt this Period: 39.00

B. Full Name (Last, First, Middle Initial): Cynthia Myers
Mailing Address: 3588 CAVE CREEK MANOR
City: LAS CRUCES State: NM Zip Code: 88011
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: 975.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79050
Amount of Each Receipt this Period: 39.00

C. Full Name (Last, First, Middle Initial): Margaret Najera
Mailing Address: 28 BROOKVIEW LOOP
City: ELKTON State: MD Zip Code: 21921
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 420.00
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.78132
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 98.00

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Margaret Najera
Mailing Address: 28 BROOKVIEW LOOP
City: ELKTON State: MD Zip Code: 21921
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: 11/27/2015
Transaction ID : SA11AI.78133
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Margaret Najera
Mailing Address: 28 BROOKVIEW LOOP
City: ELKTON State: MD Zip Code: 21921
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 460.00
Date of Receipt: 12/11/2015
Transaction ID : SA11AI.78134
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): KEITH NAUSE
Mailing Address: 5 COOPERSTOWN COURT
City: PHOENIX State: MD Zip Code: 21131
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP & REGIONAL CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1050.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78253
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KEITH NAUSE
Mailing Address: 5 COOPERSTOWN COURT
City: PHOENIX State: MD Zip Code: 21131
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP & REGIONAL CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78254
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): KEITH NAUSE
Mailing Address: 5 COOPERSTOWN COURT
City: PHOENIX State: MD Zip Code: 21131
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP & REGIONAL CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78255
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): KEITH NAUSE
Mailing Address: 5 COOPERSTOWN COURT
City: PHOENIX State: MD Zip Code: 21131
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP & REGIONAL CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78256
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)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 5 COOPERSTOWN COURT

City: PHOENIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP & REGIONAL CONTROLLER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78257

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City: SPRINGFIELD
State: MA
Zip Code: 01118

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-ADVISORY

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78084

Amount of Each Receipt this Period: 12.00

C. Full Name (Last, First, Middle Initial)
DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City: SPRINGFIELD
State: MA
Zip Code: 01118

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-ADVISORY

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78085

Amount of Each Receipt this Period: 12.00

SUBTOTAL of Receipts This Page (optional) ▶ 74.00

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)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DOLORES M NELSON
Mailing Address: 50 GARLAND STREET
City: SPRINGFIELD State: MA Zip Code: 01118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-ADVISORY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 276.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78086
Amount of Each Receipt this Period: 12.00

B.
Full Name (Last, First, Middle Initial): DOLORES M NELSON
Mailing Address: 50 GARLAND STREET
City: SPRINGFIELD State: MA Zip Code: 01118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-ADVISORY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78087
Amount of Each Receipt this Period: 12.00

C.
Full Name (Last, First, Middle Initial): DOLORES M NELSON
Mailing Address: 50 GARLAND STREET
City: SPRINGFIELD State: MA Zip Code: 01118
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ANALYST-ADVISORY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78088
Amount of Each Receipt this Period: 12.00

SUBTOTAL of Receipts This Page (optional) ▶ 36.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Carol Nichols
Mailing Address: 339 E CAMBRIDGE DR
City: TUCSON State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79066
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Carol Nichols
Mailing Address: 339 E CAMBRIDGE DR
City: TUCSON State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79067
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Carol Nichols
Mailing Address: 339 E CAMBRIDGE DR
City: TUCSON State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79068
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Carol Nichols
Mailing Address: 339 E CAMBRIDGE DR
City: TUCSON State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79069
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Carol Nichols
Mailing Address: 339 E CAMBRIDGE DR
City: TUCSON State: AZ Zip Code: 85704
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79070
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): ARTHUR L O'LEARY
Mailing Address: 79 BROAD STREET
City: HOLLIS State: NH Zip Code: 03049
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: 840.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78243
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ARTHUR L O'LEARY
Mailing Address: 79 BROAD STREET
City: HOLLIS State: NH Zip Code: 03049
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: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78244
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): ARTHUR L O'LEARY
Mailing Address: 79 BROAD STREET
City: HOLLIS State: NH Zip Code: 03049
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: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78245
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): ARTHUR L O'LEARY
Mailing Address: 79 BROAD STREET
City: HOLLIS State: NH Zip Code: 03049
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: 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78246
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): ARTHUR L O'LEARY
Mailing Address: 79 BROAD STREET
City: HOLLIS State: NH Zip Code: 03049
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: 1000.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78247
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): KATHLEEN VERSHINSKI OBERTO
Mailing Address: 23 BIRCHWOOD DRIVE
City: EVESHAM State: NJ Zip Code: 08053
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RECRUITING REHAB
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78704
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): KATHLEEN VERSHINSKI OBERTO
Mailing Address: 23 BIRCHWOOD DRIVE
City: EVESHAM State: NJ Zip Code: 08053
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RECRUITING REHAB
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78705
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City: EVESHAM | State: NJ | Zip Code: 08053

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RECRUITING REHAB

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78706

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City: EVESHAM | State: NJ | Zip Code: 08053

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RECRUITING REHAB

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78707

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City: EVESHAM | State: NJ | Zip Code: 08053

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-RECRUITING REHAB

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78708

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Susan Overton
Mailing Address: 434 MONTERAY LANE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL RISK LITGN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78776
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Susan Overton
Mailing Address: 434 MONTERAY LANE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL RISK LITGN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78777
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Susan Overton
Mailing Address: 434 MONTERAY LANE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL RISK LITGN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78778
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Susan Overton
Mailing Address: 434 MONTERAY LANE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL RISK LITGN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78779
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): Susan Overton
Mailing Address: 434 MONTERAY LANE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL RISK LITGN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78780
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): Deborah Pence
Mailing Address: 9520 MAY DAY ST
City: LA PLATA State: MD Zip Code: 20646
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78971
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Deborah Pence
Mailing Address: 9520 MAY DAY ST
City: LA PLATA State: MD Zip Code: 20646
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78972
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Deborah Pence
Mailing Address: 9520 MAY DAY ST
City: LA PLATA State: MD Zip Code: 20646
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78973
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Deborah Pence
Mailing Address: 9520 MAY DAY ST
City: LA PLATA State: MD Zip Code: 20646
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78974
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Deborah Pence
Mailing Address: 9520 MAY DAY ST
City: LA PLATA State: MD Zip Code: 20646
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78975
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 205.00
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.78384
Amount of Each Receipt this Period: 5.00

C. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78385
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ▶ 35.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 215.00
Date of Receipt: 11/27/2015
Transaction ID : SA11AI.78386
Amount of Each Receipt this Period: 5.00

B. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78387
Amount of Each Receipt this Period: 5.00

C. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 12/11/2015
Transaction ID : SA11AI.78388
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78389
Amount of Each Receipt this Period: 5.00

B. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78390
Amount of Each Receipt this Period: 5.00

C. Full Name (Last, First, Middle Initial): Lori Pendleton
Mailing Address: 144 KEACH DAM ROAD
City: CHEPACHET State: RI Zip Code: 02814
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78391
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): AMY S PERRY TIPTON
Mailing Address: 5787 OHIO RIVER RD.
City: HUNTINGTON State: WV Zip Code: 25702
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78370
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): AMY S PERRY TIPTON
Mailing Address: 5787 OHIO RIVER RD.
City: HUNTINGTON State: WV Zip Code: 25702
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78371
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): AMY S PERRY TIPTON
Mailing Address: 5787 OHIO RIVER RD.
City: HUNTINGTON State: WV Zip Code: 25702
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78372
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City: HUNTINGTON State: WV Zip Code: 25702

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78373

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City: HUNTINGTON State: WV Zip Code: 25702

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78374

Amount of Each Receipt this Period: 10.00

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

Mailing Address 104 FRENCHTOWN RD

City: ARGYLE State: TX Zip Code: 76226

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78966

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Linda Peterson
Mailing Address: 104 FRENCHTOWN RD
City: ARGYLE State: TX Zip Code: 76226
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78967
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Linda Peterson
Mailing Address: 104 FRENCHTOWN RD
City: ARGYLE State: TX Zip Code: 76226
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78968
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Linda Peterson
Mailing Address: 104 FRENCHTOWN RD
City: ARGYLE State: TX Zip Code: 76226
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78969
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Linda Peterson

Mailing Address 104 FRENCHTOWN RD

City: ARGYLE State: TX Zip Code: 76226

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RGNL REV CYC MGMT QA

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78970

Amount of Each Receipt this Period: 10.00

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

Mailing Address 1 CAVESSON TRL

City: SEWELL State: NJ Zip Code: 08080

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT CLINICAL PRACT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77956

Amount of Each Receipt this Period: 10.00

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

Mailing Address 1 CAVESSON TRL

City: SEWELL State: NJ Zip Code: 08080

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT CLINICAL PRACT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77957

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): GARRY PEZZANO
Mailing Address: 1 CAVESSON TRL
City: SEWELL State: NJ Zip Code: 08080
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT CLINICAL PRACT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77958
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): GARRY PEZZANO
Mailing Address: 1 CAVESSON TRL
City: SEWELL State: NJ Zip Code: 08080
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT CLINICAL PRACT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77959
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): GARRY PEZZANO
Mailing Address: 1 CAVESSON TRL
City: SEWELL State: NJ Zip Code: 08080
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT CLINICAL PRACT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77960
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 1816 LENAPE -UNIONVILLE RD

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3675.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78616

Amount of Each Receipt this Period: 175.00

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

Mailing Address 1816 LENAPE -UNIONVILLE RD

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3850.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78617

Amount of Each Receipt this Period: 175.00

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

Mailing Address 1816 LENAPE -UNIONVILLE RD

City: WEST CHESTER
State: PA
Zip Code: 19382

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4025.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78618

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): JEANNE PHILLIPS
Mailing Address: 1816 LENAPE -UNIONVILLE RD
City: WEST CHESTER State: PA Zip Code: 19382
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 4200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78619
Amount of Each Receipt this Period: 175.00

B.
Full Name (Last, First, Middle Initial): JEANNE PHILLIPS
Mailing Address: 1816 LENAPE -UNIONVILLE RD
City: WEST CHESTER State: PA Zip Code: 19382
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-RISK MANAGEMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 4375.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78620
Amount of Each Receipt this Period: 175.00

C.
Full Name (Last, First, Middle Initial): JENNIFER PYNE
Mailing Address: 235 OLD MILL RD
City: MACUNGIE State: PA Zip Code: 18062
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78491
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 365.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City: MACUNGIE
State: PA
Zip Code: 18062

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78492

Amount of Each Receipt this Period: 15.00

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

Mailing Address 235 OLD MILL RD

City: MACUNGIE
State: PA
Zip Code: 18062

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78493

Amount of Each Receipt this Period: 15.00

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

Mailing Address 235 OLD MILL RD

City: MACUNGIE
State: PA
Zip Code: 18062

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78494

Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City: MACUNGIE
State: PA
Zip Code: 18062

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78495

Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City: PHOENIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-AREA HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78392

Amount of Each Receipt this Period: 50.00

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

Mailing Address 3810 DONERIN WAY

City: PHOENIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-AREA HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78393

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 115.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City: PHOENIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-AREA HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78394

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City: PHOENIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-AREA HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78395

Amount of Each Receipt this Period: 50.00

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

Mailing Address 3810 DONERIN WAY

City: PHOENIX
State: MD
Zip Code: 21131

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-AREA HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78396

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City: AVON
State: CT
Zip Code: 06001

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78719

Amount of Each Receipt this Period: 50.00

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

Mailing Address 156 REVERKNOLLS

City: AVON
State: CT
Zip Code: 06001

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78720

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City: AVON
State: CT
Zip Code: 06001

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78721

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): RICHARD JAY RASKIN
Mailing Address: 156 REVERKNOLLS
City: AVON State: CT Zip Code: 06001
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGIONAL MEDICAL DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78722
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): RICHARD JAY RASKIN
Mailing Address: 156 REVERKNOLLS
City: AVON State: CT Zip Code: 06001
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGIONAL MEDICAL DIRECTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78723
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): KILJOY C RAY
Mailing Address: 1003 HOTCHKISS COURT
City: FREDERICKSBURG State: VA Zip Code: 22401
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 19 / 2015
Transaction ID : SA11AI.78090
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
KILJOY C RAY

Mailing Address 1003 HOTCHKISS COURT

City: FREDERICKSBURG
State: VA
Zip Code: 22401

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 03 / 2015
Transaction ID : SA11AI.78091

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
KILJOY C RAY

Mailing Address 1003 HOTCHKISS COURT

City: FREDERICKSBURG
State: VA
Zip Code: 22401

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 17 / 2015
Transaction ID : SA11AI.78092

Amount of Each Receipt this Period: 10.00

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

Mailing Address 1003 HOTCHKISS COURT

City: FREDERICKSBURG
State: VA
Zip Code: 22401

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78093

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Joseph Reese
Mailing Address: 7597 S OLD FARM LANE
City: MERIDIAN State: ID Zip Code: 83642
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 ▼: 840.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79051
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Joseph Reese
Mailing Address: 7597 S OLD FARM LANE
City: MERIDIAN State: ID Zip Code: 83642
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 ▼: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79052
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): Joseph Reese
Mailing Address: 7597 S OLD FARM LANE
City: MERIDIAN State: ID Zip Code: 83642
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 ▼: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79053
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Joseph Reese
Mailing Address: 7597 S OLD FARM LANE
City: MERIDIAN State: ID Zip Code: 83642
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 ▼: 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79054
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Joseph Reese
Mailing Address: 7597 S OLD FARM LANE
City: MERIDIAN State: ID Zip Code: 83642
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 ▼: 1000.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79055
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): JoAnne Reifsnyder
Mailing Address: 119 LONDON CIRCLE SOUTH
City: REHOBOTH BEACH State: DE Zip Code: 19971
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-CLINICAL OPS CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3150.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78781
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): JoAnne Reifsnyder
Mailing Address: 119 LONDON CIRCLE SOUTH
City: REHOBOTH BEACH State: DE Zip Code: 19971
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-CLINICAL OPS CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3300.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78782
Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial): JoAnne Reifsnyder
Mailing Address: 119 LONDON CIRCLE SOUTH
City: REHOBOTH BEACH State: DE Zip Code: 19971
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-CLINICAL OPS CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78783
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial): JoAnne Reifsnyder
Mailing Address: 119 LONDON CIRCLE SOUTH
City: REHOBOTH BEACH State: DE Zip Code: 19971
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-CLINICAL OPS CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78784
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City: REHOBOTH BEACH
State: DE
Zip Code: 19971

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-CLINICAL OPS CNO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78785

Amount of Each Receipt this Period: 150.00

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

Mailing Address 13005 JEROME JAY DRIVE

City: COCKEYSVILLE
State: MD
Zip Code: 21030

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VP AND COO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.51

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77765

Amount of Each Receipt this Period: 192.31

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

Mailing Address 13005 JEROME JAY DRIVE

City: COCKEYSVILLE
State: MD
Zip Code: 21030

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VP AND COO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.82

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77766

Amount of Each Receipt this Period: 192.31

SUBTOTAL of Receipts This Page (optional) ▶ 534.62

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 13005 JEROME JAY DRIVE

City: COCKEYSVILLE
State: MD
Zip Code: 21030

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VP AND COO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4423.13

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77767

Amount of Each Receipt this Period: 192.31

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

Mailing Address 13005 JEROME JAY DRIVE

City: COCKEYSVILLE
State: MD
Zip Code: 21030

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VP AND COO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.44

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77768

Amount of Each Receipt this Period: 192.31

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

Mailing Address 13005 JEROME JAY DRIVE

City: COCKEYSVILLE
State: MD
Zip Code: 21030

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VP AND COO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4807.75

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77769

Amount of Each Receipt this Period: 192.31

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PAUL RICKERSHAUSER
Mailing Address: 5 SUNSET COURT
City: MEDFORD State: NJ Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78714
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): PAUL RICKERSHAUSER
Mailing Address: 5 SUNSET COURT
City: MEDFORD State: NJ Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78715
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): PAUL RICKERSHAUSER
Mailing Address: 5 SUNSET COURT
City: MEDFORD State: NJ Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78716
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PAUL RICKERSHAUSER
Mailing Address: 5 SUNSET COURT
City: MEDFORD State: NJ Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78717
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): PAUL RICKERSHAUSER
Mailing Address: 5 SUNSET COURT
City: MEDFORD State: NJ Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-HUMAN RESOURCES REGNL
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78718
Amount of Each Receipt this Period: 20.00

C.
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 ▼: 1332.66
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78690
Amount of Each Receipt this Period: 63.46

SUBTOTAL of Receipts This Page (optional) ▶ 103.46

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼: 1396.12
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78691
Amount of Each Receipt this Period: 63.46

B.
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 ▼: 1459.58
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78692
Amount of Each Receipt this Period: 63.46

C.
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 ▼: 1523.04
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78693
Amount of Each Receipt this Period: 63.46

SUBTOTAL of Receipts This Page (optional) ▶ 190.38

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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 ▼ 1586.50

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78694

Amount of Each Receipt this Period: 63.46

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

Mailing Address 781 BRENT ST

City: MANCHESTER
State: NH
Zip Code: 03103

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2015

Transaction ID : SA11AI.78809

Amount of Each Receipt this Period: 30.00

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

Mailing Address 781 BRENT ST

City: MANCHESTER
State: NH
Zip Code: 03103

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2015

Transaction ID : SA11AI.78810

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 123.46

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
David Ross

Mailing Address 781 BRENT ST

City: MANCHESTER
State: NH
Zip Code: 03103

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 12 / 10 / 2015
Transaction ID : SA11AI.78811

Amount of Each Receipt this Period: 30.00

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

Mailing Address 781 BRENT ST

City: MANCHESTER
State: NH
Zip Code: 03103

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78812

Amount of Each Receipt this Period: 30.00

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

Mailing Address 8 GOUCHER WOODS COURT

City: TOWSON
State: MD
Zip Code: 21286

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2164.14

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78064

Amount of Each Receipt this Period: 98.52

SUBTOTAL of Receipts This Page (optional) ▶ 158.52

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City: TOWSON
State: MD
Zip Code: 21286

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2288.31

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78065

Amount of Each Receipt this Period: 124.17

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

Mailing Address 8 GOUCHER WOODS COURT

City: TOWSON
State: MD
Zip Code: 21286

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2385.91

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78066

Amount of Each Receipt this Period: 97.60

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

Mailing Address 8 GOUCHER WOODS COURT

City: TOWSON
State: MD
Zip Code: 21286

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.34

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78067

Amount of Each Receipt this Period: 110.43

SUBTOTAL of Receipts This Page (optional) ▶ 332.20

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): STEVEN ROTHWELL
Mailing Address: 8 GOUCHER WOODS COURT
City: TOWSON State: MD Zip Code: 21286
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT-CENTERS GROUP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2593.94
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015
Transaction ID : SA11AI.78068
Amount of Each Receipt this Period: 97.60

B.
Full Name (Last, First, Middle Initial): DEBORAH ROWE
Mailing Address: 1501 RAYVILLE RD
City: PARKTON State: MD Zip Code: 21120
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR ELDER CARE STAFFG SRV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00
Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015
Transaction ID : SA11AI.78331
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): DEBORAH ROWE
Mailing Address: 1501 RAYVILLE RD
City: PARKTON State: MD Zip Code: 21120
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR ELDER CARE STAFFG SRV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
Transaction ID : SA11AI.78332
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 157.60

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DEBORAH ROWE
Mailing Address: 1501 RAYVILLE RD
City: PARKTON State: MD Zip Code: 21120
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR ELDER CARE STAFFG SRV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 690.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78333
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): DEBORAH ROWE
Mailing Address: 1501 RAYVILLE RD
City: PARKTON State: MD Zip Code: 21120
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR ELDER CARE STAFFG SRV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 720.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78334
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): DEBORAH ROWE
Mailing Address: 1501 RAYVILLE RD
City: PARKTON State: MD Zip Code: 21120
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR ELDER CARE STAFFG SRV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78335
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Joseph Rudd
Mailing Address: 1756 S MAGIC MILL PL
City: BOISE State: ID Zip Code: 83709
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11/16/2015
Transaction ID : SA11AI.78877
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Joseph Rudd
Mailing Address: 1756 S MAGIC MILL PL
City: BOISE State: ID Zip Code: 83709
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11/30/2015
Transaction ID : SA11AI.78878
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Joseph Rudd
Mailing Address: 1756 S MAGIC MILL PL
City: BOISE State: ID Zip Code: 83709
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12/14/2015
Transaction ID : SA11AI.78879
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Joseph Rudd
Mailing Address: 1756 S MAGIC MILL PL
City: BOISE State: ID Zip Code: 83709
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12/28/2015
Transaction ID : SA11AI.78880
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Teresa Salamon
Mailing Address: 50 ALLYSSA DRIVE
City: MEDIA State: PA Zip Code: 19063
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL HLTHCR REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 840.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78756
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): Teresa Salamon
Mailing Address: 50 ALLYSSA DRIVE
City: MEDIA State: PA Zip Code: 19063
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL HLTHCR REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 880.00
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.78757
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City: MEDIA
State: PA
Zip Code: 19063

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78758

Amount of Each Receipt this Period: 40.00

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

Mailing Address 50 ALLYSSA DRIVE

City: MEDIA
State: PA
Zip Code: 19063

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78759

Amount of Each Receipt this Period: 40.00

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

Mailing Address 50 ALLYSSA DRIVE

City: MEDIA
State: PA
Zip Code: 19063

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78760

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Elizabeth Salvo
Mailing Address: 2927 SUNSET HILLS
City: ESCONDIDO State: CA Zip Code: 92025
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78897
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Elizabeth Salvo
Mailing Address: 2927 SUNSET HILLS
City: ESCONDIDO State: CA Zip Code: 92025
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78898
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Elizabeth Salvo
Mailing Address: 2927 SUNSET HILLS
City: ESCONDIDO State: CA Zip Code: 92025
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78899
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Elizabeth Salvo
Mailing Address: 2927 SUNSET HILLS
City: ESCONDIDO State: CA Zip Code: 92025
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78900
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial): Elizabeth Salvo
Mailing Address: 2927 SUNSET HILLS
City: ESCONDIDO State: CA Zip Code: 92025
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-AREA GRS PT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78901
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Cindy Sammons
Mailing Address: 423 SAND PIT RD
City: ALAMO State: GA Zip Code: 30411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78822
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Cindy Sammons
Mailing Address: 423 SAND PIT RD
City: ALAMO State: GA Zip Code: 30411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78823
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Cindy Sammons
Mailing Address: 423 SAND PIT RD
City: ALAMO State: GA Zip Code: 30411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78824
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Cindy Sammons
Mailing Address: 423 SAND PIT RD
City: ALAMO State: GA Zip Code: 30411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78825
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Cindy Sammons
Mailing Address: 423 SAND PIT RD
City: ALAMO State: GA Zip Code: 30411
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78826
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Greg Sanchez
Mailing Address: 9124 BERRYESSA RD. NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79086
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial): Greg Sanchez
Mailing Address: 9124 BERRYESSA RD. NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79087
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Greg Sanchez
Mailing Address: 9124 BERRYESSA RD. NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 690.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79088
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): Greg Sanchez
Mailing Address: 9124 BERRYESSA RD. NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 720.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79089
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): Greg Sanchez
Mailing Address: 9124 BERRYESSA RD. NE
City: ALBUQUERQUE State: NM Zip Code: 87122
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79090
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KRISTEN SANTANGELO
Mailing Address: 108 KNITTLE ROAD
City: KUTZTOWN State: PA Zip Code: 19530
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 ▼: 735.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78446
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): KRISTEN SANTANGELO
Mailing Address: 108 KNITTLE ROAD
City: KUTZTOWN State: PA Zip Code: 19530
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 ▼: 770.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78447
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): KRISTEN SANTANGELO
Mailing Address: 108 KNITTLE ROAD
City: KUTZTOWN State: PA Zip Code: 19530
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 ▼: 805.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78448
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 108 KNITTLE ROAD

City: KUTZTOWN State: PA Zip Code: 19530

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 ▼ 840.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78449

Amount of Each Receipt this Period: 35.00

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

Mailing Address 108 KNITTLE ROAD

City: KUTZTOWN State: PA Zip Code: 19530

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 ▼ 875.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78450

Amount of Each Receipt this Period: 35.00

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

Mailing Address 535 UPPER WEADLEY ROAD

City: STRAFFORD State: PA Zip Code: 19087

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CONTROLLER SHARED ACCT SVCS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 777.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78514

Amount of Each Receipt this Period: 37.00

SUBTOTAL of Receipts This Page (optional) ▶ 107.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): JOHN V SAVO
Mailing Address: 535 UPPER WEADLEY ROAD
City: STRAFFORD State: PA Zip Code: 19087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CONTROLLER SHARED ACCT SVCS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 814.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78515
Amount of Each Receipt this Period: 37.00

B. Full Name (Last, First, Middle Initial): JOHN V SAVO
Mailing Address: 535 UPPER WEADLEY ROAD
City: STRAFFORD State: PA Zip Code: 19087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CONTROLLER SHARED ACCT SVCS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 851.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78516
Amount of Each Receipt this Period: 37.00

C. Full Name (Last, First, Middle Initial): JOHN V SAVO
Mailing Address: 535 UPPER WEADLEY ROAD
City: STRAFFORD State: PA Zip Code: 19087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CONTROLLER SHARED ACCT SVCS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 888.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78517
Amount of Each Receipt this Period: 37.00

SUBTOTAL of Receipts This Page (optional) ▶ 111.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 535 UPPER WEADLEY ROAD

City: STRAFFORD
State: PA
Zip Code: 19087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-CONTROLLER SHARED ACCT SVCS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
925.00

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78518

Amount of Each Receipt this Period
37.00

B. Full Name (Last, First, Middle Initial)
IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City: STURBRIDGE
State: MA
Zip Code: 01566

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78268

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City: STURBRIDGE
State: MA
Zip Code: 01566

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
M M 11 / D D 13 / Y Y Y Y 2015

Transaction ID : SA11AI.78269

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 87.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City: STURBRIDGE
State: MA
Zip Code: 01566

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78270

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City: STURBRIDGE
State: MA
Zip Code: 01566

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78271

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City: STURBRIDGE
State: MA
Zip Code: 01566

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78272

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): IRA M SCHOENBERGER
Mailing Address: 33 WOODSIDE CIRCLE
City: STURBRIDGE State: MA Zip Code: 01566
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78273
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): IRA M SCHOENBERGER
Mailing Address: 33 WOODSIDE CIRCLE
City: STURBRIDGE State: MA Zip Code: 01566
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1150.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78274
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): IRA M SCHOENBERGER
Mailing Address: 33 WOODSIDE CIRCLE
City: STURBRIDGE State: MA Zip Code: 01566
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1175.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78275
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): IRA M SCHOENBERGER
Mailing Address: 33 WOODSIDE CIRCLE
City: STURBRIDGE State: MA Zip Code: 01566
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ELDERCARE CENTERS REG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78276
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Norman Schueftan
Mailing Address: 380 Radford Court
City: Glen Mills State: PA Zip Code: 19342
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare
Occupation: VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78570
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Norman Schueftan
Mailing Address: 380 Radford Court
City: Glen Mills State: PA Zip Code: 19342
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare
Occupation: VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78571
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 125.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Norman Schueftan
Mailing Address: 380 Radford Court
City: Glen Mills
State: PA
Zip Code: 19342
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare
Occupation: VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78572
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Norman Schueftan
Mailing Address: 380 Radford Court
City: Glen Mills
State: PA
Zip Code: 19342
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare
Occupation: VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78573
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Norman Schueftan
Mailing Address: 380 Radford Court
City: Glen Mills
State: PA
Zip Code: 19342
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare
Occupation: VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78574
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Linda Semler
Mailing Address: 2572 VALLEY DRIVE
City: LANCASTER State: PA Zip Code: 17603
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.77878
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Linda Semler
Mailing Address: 2572 VALLEY DRIVE
City: LANCASTER State: PA Zip Code: 17603
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.77879
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Linda Semler
Mailing Address: 2572 VALLEY DRIVE
City: LANCASTER State: PA Zip Code: 17603
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.77880
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KAREN SHAMBERG
Mailing Address: 1641 BOW TREE DRIVE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-REGIONAL SALES&MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78135
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): KAREN SHAMBERG
Mailing Address: 1641 BOW TREE DRIVE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-REGIONAL SALES&MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78136
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): KAREN SHAMBERG
Mailing Address: 1641 BOW TREE DRIVE
City: WEST CHESTER State: PA Zip Code: 19380
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-REGIONAL SALES&MKTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78137
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-REGIONAL SALES&MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78138

Amount of Each Receipt this Period: 15.00

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

Mailing Address 1641 BOW TREE DRIVE

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-REGIONAL SALES&MKTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78139

Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City: AMBLER
State: PA
Zip Code: 19002

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-GENERAL COUNSEL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78661

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 222.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City: AMBLER
State: PA
Zip Code: 19002

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-GENERAL COUNSEL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.60

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78662

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City: AMBLER
State: PA
Zip Code: 19002

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-GENERAL COUNSEL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78663

Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial)
MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City: AMBLER
State: PA
Zip Code: 19002

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-GENERAL COUNSEL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.20

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78664

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City: AMBLER
State: PA
Zip Code: 19002

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP-GENERAL COUNSEL

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4807.50

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78665

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City: LANDENBERG
State: PA
Zip Code: 19350

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR PROVIDER RELATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78579

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City: LANDENBERG
State: PA
Zip Code: 19350

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR PROVIDER RELATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78580

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 212.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): LISA K SHERWOOD
Mailing Address: 100 PAU NEL DRIVE
City: LANDENBERG State: PA Zip Code: 19350
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78581
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): LISA K SHERWOOD
Mailing Address: 100 PAU NEL DRIVE
City: LANDENBERG State: PA Zip Code: 19350
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78582
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): LISA K SHERWOOD
Mailing Address: 100 PAU NEL DRIVE
City: LANDENBERG State: PA Zip Code: 19350
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR PROVIDER RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78583
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

City: DOYLESTOWN State: PA Zip Code: 18901

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78122

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

City: DOYLESTOWN State: PA Zip Code: 18901

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78123

Amount of Each Receipt this Period: 20.00

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

Mailing Address 547 MAPLE AVE.

City: DOYLESTOWN State: PA Zip Code: 18901

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78124

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

City: DOYLESTOWN State: PA Zip Code: 18901

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78125

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

City: DOYLESTOWN State: PA Zip Code: 18901

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78126

Amount of Each Receipt this Period: 20.00

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

Mailing Address 620 STAN DR

City: GRAND JUNCTION State: CO Zip Code: 81504

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 02 / 2015
Transaction ID : SA11AI.78866

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Rebecca Siemers
Mailing Address: 620 STAN DR
City: GRAND JUNCTION State: CO Zip Code: 81504
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00
Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.78867
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Rebecca Siemers
Mailing Address: 620 STAN DR
City: GRAND JUNCTION State: CO Zip Code: 81504
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 11 / 30 / 2015
Transaction ID : SA11AI.78868
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Rebecca Siemers
Mailing Address: 620 STAN DR
City: GRAND JUNCTION State: CO Zip Code: 81504
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00
Date of Receipt: 12 / 14 / 2015
Transaction ID : SA11AI.78869
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Rebecca Siemers

Mailing Address 620 STAN DR

City: GRAND JUNCTION
State: CO
Zip Code: 81504

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 28 / 2015
Transaction ID : SA11AI.78870

Amount of Each Receipt this Period: 25.00

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

Mailing Address 1520 GENERALS WAY

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-INTERNAL OPERATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78631

Amount of Each Receipt this Period: 50.00

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

Mailing Address 1520 GENERALS WAY

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-INTERNAL OPERATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78632

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 125.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-INTERNAL OPERATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78633

Amount of Each Receipt this Period: 50.00

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

Mailing Address 1520 GENERALS WAY

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-INTERNAL OPERATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78634

Amount of Each Receipt this Period: 50.00

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

Mailing Address 1520 GENERALS WAY

City: WEST CHESTER
State: PA
Zip Code: 19380

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-INTERNAL OPERATIONS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78635

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

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): MARY SMITH
Mailing Address: 2321 RECKFORD RD
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL SVS CENTERS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78417
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): MARY SMITH
Mailing Address: 2321 RECKFORD RD
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL SVS CENTERS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78418
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): MARY SMITH
Mailing Address: 2321 RECKFORD RD
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL SVS CENTERS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78419
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 2321 RECKFORD RD

City: JOPPA
State: MD
Zip Code: 21085

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL SVS CENTERS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78420

Amount of Each Receipt this Period
10.00

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

Mailing Address 2321 RECKFORD RD

City: JOPPA
State: MD
Zip Code: 21085

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL SVS CENTERS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78421

Amount of Each Receipt this Period
10.00

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

Mailing Address 5900 MIMOSA PLACE NE

City: ALBUQUERQUE
State: NM
Zip Code: 87111

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.79036

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Sue Smith
Mailing Address: 5900 MIMOSA PLACE NE
City: ALBUQUERQUE State: NM Zip Code: 87111
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79037
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Sue Smith
Mailing Address: 5900 MIMOSA PLACE NE
City: ALBUQUERQUE State: NM Zip Code: 87111
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.79038
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Sue Smith
Mailing Address: 5900 MIMOSA PLACE NE
City: ALBUQUERQUE State: NM Zip Code: 87111
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.79039
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Sue Smith
Mailing Address: 5900 MIMOSA PLACE NE
City: ALBUQUERQUE State: NM Zip Code: 87111
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.79040
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial): Wendell Smith
Mailing Address: 201 BON HARBOR HLS
City: OWENSBORO State: KY Zip Code: 42301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 / 05 / 2015
Transaction ID : SA11AI.78851
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial): Wendell Smith
Mailing Address: 201 BON HARBOR HLS
City: OWENSBORO State: KY Zip Code: 42301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 315.00
Date of Receipt: 11 / 19 / 2015
Transaction ID : SA11AI.78852
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 55.00

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Wendell Smith
Mailing Address: 201 BON HARBOR HLS
City: OWENSBORO State: KY Zip Code: 42301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 12 / 03 / 2015
Transaction ID : SA11AI.78853
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): Wendell Smith
Mailing Address: 201 BON HARBOR HLS
City: OWENSBORO State: KY Zip Code: 42301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 345.00
Date of Receipt: 12 / 17 / 2015
Transaction ID : SA11AI.78854
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): Wendell Smith
Mailing Address: 201 BON HARBOR HLS
City: OWENSBORO State: KY Zip Code: 42301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 360.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78855
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Lou Ann Soika
Mailing Address: 65 DEER PATH ROAD
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-CUSTOMER RLTN STRATEGICDEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3150.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78466
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: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-CUSTOMER RLTN STRATEGICDEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3300.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78467
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial): Lou Ann Soika
Mailing Address: 65 DEER PATH ROAD
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-CUSTOMER RLTN STRATEGICDEV
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78468
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)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

City: KENNETT SQUARE
State: PA
Zip Code: 19348

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78469

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: KENNETT SQUARE
State: PA
Zip Code: 19348

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78470

Amount of Each Receipt this Period: 150.00

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

Mailing Address 130 ORTHODOX DRIVE

City: RICHBORO
State: PA
Zip Code: 18954

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78742

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 310.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 130 ORTHODOX DRIVE

City: RICHBORO
State: PA
Zip Code: 18954

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78743

Amount of Each Receipt this Period: 10.00

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

Mailing Address 130 ORTHODOX DRIVE

City: RICHBORO
State: PA
Zip Code: 18954

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78744

Amount of Each Receipt this Period: 10.00

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

Mailing Address 130 ORTHODOX DRIVE

City: RICHBORO
State: PA
Zip Code: 18954

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78745

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 130 ORTHODOX DRIVE

City: RICHBORO
State: PA
Zip Code: 18954

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78746

Amount of Each Receipt this Period: 10.00

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

Mailing Address 137 BOB'S WAY
PO BOX 17

City: ARARAT
State: NC
Zip Code: 27007

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78827

Amount of Each Receipt this Period: 10.00

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

Mailing Address 137 BOB'S WAY
PO BOX 17

City: ARARAT
State: NC
Zip Code: 27007

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78828

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Julie Stafford
Mailing Address: 137 BOB'S WAY, PO BOX 17
City: ARARAT State: NC Zip Code: 27007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.78829
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Julie Stafford
Mailing Address: 137 BOB'S WAY, PO BOX 17
City: ARARAT State: NC Zip Code: 27007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.78830
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Julie Stafford
Mailing Address: 137 BOB'S WAY, PO BOX 17
City: ARARAT State: NC Zip Code: 27007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78831
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Brenda Steinauer
Mailing Address: 3022 DEL PRADO
City: ALAMOGORDO State: NM Zip Code: 88310
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 315.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78981
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): Brenda Steinauer
Mailing Address: 3022 DEL PRADO
City: ALAMOGORDO State: NM Zip Code: 88310
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 330.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78982
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): Brenda Steinauer
Mailing Address: 3022 DEL PRADO
City: ALAMOGORDO State: NM Zip Code: 88310
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 345.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78983
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Brenda Steinauer
Mailing Address: 3022 DEL PRADO
City: ALAMOGORDO State: NM Zip Code: 88310
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78984
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial): Brenda Steinauer
Mailing Address: 3022 DEL PRADO
City: ALAMOGORDO State: NM Zip Code: 88310
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78985
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial): Sean Stevenson
Mailing Address: 49 ESSEX RD
City: BEDFORD State: NH Zip Code: 03110
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: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78946
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 55.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Sean Stevenson
Mailing Address: 49 ESSEX RD
City: BEDFORD State: NH Zip Code: 03110
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: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78947
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Sean Stevenson
Mailing Address: 49 ESSEX RD
City: BEDFORD State: NH Zip Code: 03110
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: 575.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78948
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Sean Stevenson
Mailing Address: 49 ESSEX RD
City: BEDFORD State: NH Zip Code: 03110
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: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78949
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Sean Stevenson
Mailing Address: 49 ESSEX RD
City: BEDFORD State: NH Zip Code: 03110
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: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78950
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): WILLIAM E STURGIS
Mailing Address: 204 HARVARD AVENUE BOX 656
City: MOUNT GRETNA State: PA Zip Code: 17064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FINANCIAL ANALYSIS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 784.35
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77961
Amount of Each Receipt this Period: 37.35

C.
Full Name (Last, First, Middle Initial): WILLIAM E STURGIS
Mailing Address: 204 HARVARD AVENUE BOX 656
City: MOUNT GRETNA State: PA Zip Code: 17064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FINANCIAL ANALYSIS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 821.70
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77962
Amount of Each Receipt this Period: 37.35

SUBTOTAL of Receipts This Page (optional) ▶ 99.70

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): WILLIAM E STURGIS
Mailing Address: 204 HARVARD AVENUE, BOX 656
City: MOUNT GRETNA State: PA Zip Code: 17064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FINANCIAL ANALYSIS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 859.05
Date of Receipt: 12/04/2015
Transaction ID : SA11AI.77963
Amount of Each Receipt this Period: 37.35

B.
Full Name (Last, First, Middle Initial): WILLIAM E STURGIS
Mailing Address: 204 HARVARD AVENUE, BOX 656
City: MOUNT GRETNA State: PA Zip Code: 17064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FINANCIAL ANALYSIS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 896.40
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.77964
Amount of Each Receipt this Period: 37.35

C.
Full Name (Last, First, Middle Initial): WILLIAM E STURGIS
Mailing Address: 204 HARVARD AVENUE, BOX 656
City: MOUNT GRETNA State: PA Zip Code: 17064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FINANCIAL ANALYSIS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 933.75
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.77965
Amount of Each Receipt this Period: 37.35

SUBTOTAL of Receipts This Page (optional) ▶ 112.05

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): LINDA M SULLIVAN
Mailing Address: 550 CROSSWINDS DRIVE
City: LITIZ State: PA Zip Code: 17543
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78318
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): LINDA M SULLIVAN
Mailing Address: 550 CROSSWINDS DRIVE
City: LITIZ State: PA Zip Code: 17543
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78319
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): LINDA M SULLIVAN
Mailing Address: 550 CROSSWINDS DRIVE
City: LITIZ State: PA Zip Code: 17543
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.78320
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): James Tabak
Mailing Address: 105 MARLBROOKE WAY
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP ADMIN AND GOVT AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3150.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78020
Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial): James Tabak
Mailing Address: 105 MARLBROOKE WAY
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP ADMIN AND GOVT AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3300.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78021
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial): James Tabak
Mailing Address: 105 MARLBROOKE WAY
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP ADMIN AND GOVT AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78022
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): James Tabak
Mailing Address: 105 MARLBROOKE WAY
City: KENNETT SQUARE State: PA Zip Code: 19348
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SR VP ADMIN AND GOVT AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78023
Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial): Michelle Taylor
Mailing Address: 8800 NEW HAMPTON RD NE
City: ALBUQUERQUE State: NM Zip Code: 87111
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ACCOUNTING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.79076
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Michelle Taylor
Mailing Address: 8800 NEW HAMPTON RD NE
City: ALBUQUERQUE State: NM Zip Code: 87111
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-ACCOUNTING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 550.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.79077
Amount of Each Receipt this Period: 25.00

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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Michelle Taylor

Mailing Address 8800 NEW HAMPTON RD NE

City: ALBUQUERQUE
State: NM
Zip Code: 87111

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.79078

Amount of Each Receipt this Period: 25.00

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

Mailing Address 8800 NEW HAMPTON RD NE

City: ALBUQUERQUE
State: NM
Zip Code: 87111

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.79079

Amount of Each Receipt this Period: 25.00

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

Mailing Address 8800 NEW HAMPTON RD NE

City: ALBUQUERQUE
State: NM
Zip Code: 87111

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.79080

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Raymond Thivierge
Mailing Address: 9 HERITAGE HILL ROAD
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3150.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78350
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): Raymond Thivierge
Mailing Address: 9 HERITAGE HILL ROAD
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3300.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78351
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): Raymond Thivierge
Mailing Address: 9 HERITAGE HILL ROAD
City: WINDHAM State: NH Zip Code: 03087
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3450.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78352
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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Raymond Thivierge

Mailing Address 9 HERITAGE HILL ROAD

City: WINDHAM
State: NH
Zip Code: 03087

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.78353

Amount of Each Receipt this Period: 150.00

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

Mailing Address 9 HERITAGE HILL ROAD

City: WINDHAM
State: NH
Zip Code: 03087

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: EXECUTIVE VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2015

Transaction ID : SA11AI.78354

Amount of Each Receipt this Period: 150.00

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

Mailing Address 27 PEARSON CIRCLE

City: SPRINGFIELD
State: PA
Zip Code: 19064

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REG SAFETY PREVENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78589

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 320.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
NICOLE THOMPSON

Mailing Address 27 PEARSON CIRCLE

City: SPRINGFIELD
State: PA
Zip Code: 19064

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REG SAFETY PREVENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78590

Amount of Each Receipt this Period: 20.00

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

Mailing Address 27 PEARSON CIRCLE

City: SPRINGFIELD
State: PA
Zip Code: 19064

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REG SAFETY PREVENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78591

Amount of Each Receipt this Period: 20.00

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

Mailing Address 27 PEARSON CIRCLE

City: SPRINGFIELD
State: PA
Zip Code: 19064

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REG SAFETY PREVENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78592

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): NICOLE THOMPSON
Mailing Address: 27 PEARSON CIRCLE
City: SPRINGFIELD State: PA Zip Code: 19064
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REG SAFETY PREVENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78593
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): WILLIAM JOSEPH TIAN
Mailing Address: 6807 REAL PRINCESS LANE
City: BALTIMORE State: MD Zip Code: 21207
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR AREA FOOD AND NUTR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 840.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78709
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): WILLIAM JOSEPH TIAN
Mailing Address: 6807 REAL PRINCESS LANE
City: BALTIMORE State: MD Zip Code: 21207
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR AREA FOOD AND NUTR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78710
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 6807 REAL PRINCESS LANE

City: BALTIMORE
State: MD
Zip Code: 21207

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR AREA FOOD AND NUTR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78711

Amount of Each Receipt this Period: 40.00

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

Mailing Address 6807 REAL PRINCESS LANE

City: BALTIMORE
State: MD
Zip Code: 21207

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR AREA FOOD AND NUTR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78712

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
WILLIAM JOSEPH TIAN

Mailing Address 6807 REAL PRINCESS LANE

City: BALTIMORE
State: MD
Zip Code: 21207

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-SR AREA FOOD AND NUTR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78713

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): William Timm
Mailing Address: 1059 MAHLON DRIVE
City: LEESPORT State: PA Zip Code: 19533
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 ▼: 735.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78307
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): William Timm
Mailing Address: 1059 MAHLON DRIVE
City: LEESPORT State: PA Zip Code: 19533
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 ▼: 770.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78308
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): William Timm
Mailing Address: 1059 MAHLON DRIVE
City: LEESPORT State: PA Zip Code: 19533
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 ▼: 805.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78309
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): William Timm
Mailing Address: 1059 MAHLON DRIVE
City: LEESPORT State: PA Zip Code: 19533
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: 840.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78310
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial): William Timm
Mailing Address: 1059 MAHLON DRIVE
City: LEESPORT State: PA Zip Code: 19533
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: 875.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78311
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial): Alina Torregosa
Mailing Address: 5 BLUEGRASS RD
City: CLEMENTON State: NJ Zip Code: 08021
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78456
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Alina Torregosa
Mailing Address: 5 BLUEGRASS RD
City: CLEMENTON State: NJ Zip Code: 08021
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78457
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Alina Torregosa
Mailing Address: 5 BLUEGRASS RD
City: CLEMENTON State: NJ Zip Code: 08021
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78458
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Alina Torregosa
Mailing Address: 5 BLUEGRASS RD
City: CLEMENTON State: NJ Zip Code: 08021
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78459
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Alina Torregosa
Mailing Address: 5 BLUEGRASS RD
City: CLEMENTON State: NJ Zip Code: 08021
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78460
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): Amy Trautman
Mailing Address: 122 DEN ROAD
City: LINCOLN UNIVERSITY State: PA Zip Code: 19352
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RECRUITMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78695
Amount of Each Receipt this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Amy Trautman
Mailing Address: 122 DEN ROAD
City: LINCOLN UNIVERSITY State: PA Zip Code: 19352
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RECRUITMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78696
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Amy Trautman
Mailing Address: 122 DEN ROAD
City: LINCOLN UNIVERSITY State: PA Zip Code: 19352
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RECRUITMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78697
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Amy Trautman
Mailing Address: 122 DEN ROAD
City: LINCOLN UNIVERSITY State: PA Zip Code: 19352
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RECRUITMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78698
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): Amy Trautman
Mailing Address: 122 DEN ROAD
City: LINCOLN UNIVERSITY State: PA Zip Code: 19352
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-RECRUITMENT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78699
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City: WEST GROVE
State: PA
Zip Code: 19390

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR REGIONAL EC LINE

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.78005

Amount of Each Receipt this Period
20.00

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

Mailing Address 4 VIOLET LANE

City: WEST GROVE
State: PA
Zip Code: 19390

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR REGIONAL EC LINE

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.78006

Amount of Each Receipt this Period
20.00

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

Mailing Address 4 VIOLET LANE

City: WEST GROVE
State: PA
Zip Code: 19390

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR REGIONAL EC LINE

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.78007

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): LISA TRAUTMAN
Mailing Address: 4 VIOLET LANE
City: WEST GROVE
State: PA
Zip Code: 19390
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR REGIONAL EC LINE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78008
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): LISA TRAUTMAN
Mailing Address: 4 VIOLET LANE
City: WEST GROVE
State: PA
Zip Code: 19390
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR REGIONAL EC LINE
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78009
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): JOSEPH J TRIANA
Mailing Address: 102 INTIMADATOR LANE
City: GIVEN
State: WV
Zip Code: 25245
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 525.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78277
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 102 INTIMADATOR LANE

City: GIVEN
State: WV
Zip Code: 25245

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78278

Amount of Each Receipt this Period: 25.00

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

Mailing Address 102 INTIMADATOR LANE

City: GIVEN
State: WV
Zip Code: 25245

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 12 / 04 / 2015

Transaction ID : SA11AI.78279

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
JOSEPH J TRIANA

Mailing Address 102 INTIMADATOR LANE

City: GIVEN
State: WV
Zip Code: 25245

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 18 / 2015

Transaction ID : SA11AI.78280

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 102 INTIMADATOR LANE

City: GIVEN
State: WV
Zip Code: 25245

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78281

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City: SEVERNA PARK
State: MD
Zip Code: 21146

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78029

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City: SEVERNA PARK
State: MD
Zip Code: 21146

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78030

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City: SEVERNA PARK
State: MD
Zip Code: 21146

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78031

Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City: SEVERNA PARK
State: MD
Zip Code: 21146

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78032

Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City: SEVERNA PARK
State: MD
Zip Code: 21146

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: MANAGER-CLINICAL REIMBURSEMENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78033

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Kathleen Usher

Mailing Address 372915 PO BOX

City: SATELLITE BEACH
State: FL
Zip Code: 32937

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78956

Amount of Each Receipt this Period: 30.00

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

Mailing Address 372915 PO BOX

City: SATELLITE BEACH
State: FL
Zip Code: 32937

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78957

Amount of Each Receipt this Period: 30.00

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

Mailing Address 372915 PO BOX

City: SATELLITE BEACH
State: FL
Zip Code: 32937

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78958

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Kathleen Usher

Mailing Address 372915 PO BOX

City: SATELLITE BEACH
State: FL
Zip Code: 32937

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78959

Amount of Each Receipt this Period: 30.00

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

Mailing Address 372915 PO BOX

City: SATELLITE BEACH
State: FL
Zip Code: 32937

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VICE PRESIDENT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78960

Amount of Each Receipt this Period: 30.00

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

Mailing Address 3675 MANDOLIN DRIVE

City: HAMPSTEAD
State: MD
Zip Code: 21074

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77891

Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): PERRY VALENTINE
Mailing Address: 3675 MANDOLIN DRIVE
City: HAMPSTEAD State: MD Zip Code: 21074
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-HOSPITALITY SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 770.00
Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2015
Transaction ID : SA11AI.77892
Amount of Each Receipt this Period: 35.00

B.
Full Name (Last, First, Middle Initial): PERRY VALENTINE
Mailing Address: 3675 MANDOLIN DRIVE
City: HAMPSTEAD State: MD Zip Code: 21074
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-HOSPITALITY SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 805.00
Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2015
Transaction ID : SA11AI.77893
Amount of Each Receipt this Period: 35.00

C.
Full Name (Last, First, Middle Initial): PERRY VALENTINE
Mailing Address: 3675 MANDOLIN DRIVE
City: HAMPSTEAD State: MD Zip Code: 21074
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH VENTURES, INC.
Occupation: DIRECTOR-HOSPITALITY SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2015
Transaction ID : SA11AI.77894
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 3675 MANDOLIN DRIVE

City: HAMPSTEAD
State: MD
Zip Code: 21074

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77895

Amount of Each Receipt this Period: 35.00

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

Mailing Address 112 EDGEWOOD RD

City: TOWSON
State: MD
Zip Code: 21286

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78441

Amount of Each Receipt this Period: 20.00

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

Mailing Address 112 EDGEWOOD RD

City: TOWSON
State: MD
Zip Code: 21286

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78442

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): VICTORIA VALTON
Mailing Address: 112 EDGEWOOD RD
City: TOWSON State: MD Zip Code: 21286
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78443
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): VICTORIA VALTON
Mailing Address: 112 EDGEWOOD RD
City: TOWSON State: MD Zip Code: 21286
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78444
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): VICTORIA VALTON
Mailing Address: 112 EDGEWOOD RD
City: TOWSON State: MD Zip Code: 21286
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-EXTERNAL COMMUN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78445
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Sunil Verma
Mailing Address: 60 LINDSAY LANE
City: CRANSTON State: RI Zip Code: 02921
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGIONAL MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78763
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Sunil Verma
Mailing Address: 60 LINDSAY LANE
City: CRANSTON State: RI Zip Code: 02921
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGIONAL MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 280.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78764
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): Sunil Verma
Mailing Address: 60 LINDSAY LANE
City: CRANSTON State: RI Zip Code: 02921
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGIONAL MEDICAL AFFAIRS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 320.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78765
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Timothy Wade

Mailing Address 11123 Willow Green Way

City: Marriottsville
State: MD
Zip Code: 21104

FEC ID number of contributing federal political committee.: C

Name of Employer: Genesis HealthCare Corporation
Occupation: Director Medical Supply Mgmt.

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M 11 / D D 06 / Y Y Y Y 2015

Transaction ID : SA11AI.77916

Amount of Each Receipt this Period
25.00

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

Mailing Address 11123 Willow Green Way

City: Marriottsville
State: MD
Zip Code: 21104

FEC ID number of contributing federal political committee.: C

Name of Employer: Genesis HealthCare Corporation
Occupation: Director Medical Supply Mgmt.

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.77917

Amount of Each Receipt this Period
25.00

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

Mailing Address 11123 Willow Green Way

City: Marriottsville
State: MD
Zip Code: 21104

FEC ID number of contributing federal political committee.: C

Name of Employer: Genesis HealthCare Corporation
Occupation: Director Medical Supply Mgmt.

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.77918

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Timothy Wade
Mailing Address: 11123 Willow Green Way
City: Marriottsville
State: MD
Zip Code: 21104
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare Corporation
Occupation: Director Medical Supply Mgmt.
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77919
Amount of Each Receipt this Period: 25.00

B.
Full Name (Last, First, Middle Initial): Timothy Wade
Mailing Address: 11123 Willow Green Way
City: Marriottsville
State: MD
Zip Code: 21104
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare Corporation
Occupation: Director Medical Supply Mgmt.
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 625.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77920
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): CYNTHIA WAGONER
Mailing Address: P.O. BOX 32
City: FORT ASHBY
State: WV
Zip Code: 26719
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77833
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address P.O. BOX 32

City: FORT ASHBY
State: WV
Zip Code: 26719

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M 11 / D D 20 / Y Y Y Y 2015

Transaction ID : SA11AI.77834

Amount of Each Receipt this Period
10.00

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

Mailing Address P.O. BOX 32

City: FORT ASHBY
State: WV
Zip Code: 26719

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M 12 / D D 04 / Y Y Y Y 2015

Transaction ID : SA11AI.77835

Amount of Each Receipt this Period
10.00

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

Mailing Address P.O. BOX 32

City: FORT ASHBY
State: WV
Zip Code: 26719

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2015

Transaction ID : SA11AI.77836

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): CYNTHIA WAGONER
Mailing Address: P.O. BOX 32
City: FORT ASHBY State: WV Zip Code: 26719
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.77837
Amount of Each Receipt this Period: 10.00

B.
Full Name (Last, First, Middle Initial): SHARON WAREING
Mailing Address: 134 EAST SIDE DRIVE
City: CONCORD State: NH Zip Code: 03301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 334.80
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78528
Amount of Each Receipt this Period: 16.74

C.
Full Name (Last, First, Middle Initial): SHARON WAREING
Mailing Address: 134 EAST SIDE DRIVE
City: CONCORD State: NH Zip Code: 03301
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-NURSING
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 351.54
Date of Receipt: 11/20/2015
Transaction ID : SA11AI.78529
Amount of Each Receipt this Period: 16.74

SUBTOTAL of Receipts This Page (optional) ▶ 43.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
SHARON WAREING

Mailing Address 134 EAST SIDE DRIVE

City: CONCORD
State: NH
Zip Code: 03301

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 368.28

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78530

Amount of Each Receipt this Period: 16.74

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

Mailing Address 134 EAST SIDE DRIVE

City: CONCORD
State: NH
Zip Code: 03301

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 385.02

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78531

Amount of Each Receipt this Period: 16.74

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

Mailing Address 134 EAST SIDE DRIVE

City: CONCORD
State: NH
Zip Code: 03301

FEC ID number of contributing federal political committee.: C

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

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 401.76

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78532

Amount of Each Receipt this Period: 16.74

SUBTOTAL of Receipts This Page (optional) ▶ 50.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Sharon Warren
Mailing Address: 3936 KEDRON ROAD
City: SPRING HILL State: TN Zip Code: 37174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2070.39
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78931
Amount of Each Receipt this Period: 85.93

B.
Full Name (Last, First, Middle Initial): Sharon Warren
Mailing Address: 3936 KEDRON ROAD
City: SPRING HILL State: TN Zip Code: 37174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2161.36
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78932
Amount of Each Receipt this Period: 90.97

C.
Full Name (Last, First, Middle Initial): Sharon Warren
Mailing Address: 3936 KEDRON ROAD
City: SPRING HILL State: TN Zip Code: 37174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2238.90
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78933
Amount of Each Receipt this Period: 77.54

SUBTOTAL of Receipts This Page (optional) ▶ 254.44

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Sharon Warren
Mailing Address: 3936 KEDRON ROAD
City: SPRING HILL State: TN Zip Code: 37174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2322.56
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78934
Amount of Each Receipt this Period: 83.66

B. Full Name (Last, First, Middle Initial): Sharon Warren
Mailing Address: 3936 KEDRON ROAD
City: SPRING HILL State: TN Zip Code: 37174
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-SR CENTERS OPERATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2417.70
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78935
Amount of Each Receipt this Period: 95.14

C. Full Name (Last, First, Middle Initial): KAREN M WELLS
Mailing Address: 1679 W. DOE RUN ROAD
P.O. BOX 487
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FIN CTRL - COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 420.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77813
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 198.80

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): KAREN M WELLS
Mailing Address: 1679 W. DOE RUN ROAD, P.O. BOX 487
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FIN CTRL - COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 440.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77814
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): KAREN M WELLS
Mailing Address: 1679 W. DOE RUN ROAD, P.O. BOX 487
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FIN CTRL - COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 460.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77815
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): KAREN M WELLS
Mailing Address: 1679 W. DOE RUN ROAD, P.O. BOX 487
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FIN CTRL - COMPLIANCE
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77816
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
KAREN M WELLS

Mailing Address 1679 W. DOE RUN ROAD
P.O. BOX 487

City: UNIONVILLE
State: PA
Zip Code: 19375

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: DIRECTOR-FIN CTRL - COMPLIANCE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77817

Amount of Each Receipt this Period: 20.00

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

Mailing Address 3029 RIVER WOODS DR

City: PARRISH
State: FL
Zip Code: 34219

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REGULATORY GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78921

Amount of Each Receipt this Period: 10.00

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

Mailing Address 3029 RIVER WOODS DR

City: PARRISH
State: FL
Zip Code: 34219

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REGULATORY GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78922

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 40.00

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Elizabeth Wetzel

Mailing Address 3029 RIVER WOODS DR

City: PARRISH State: FL Zip Code: 34219

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REGULATORY GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78923

Amount of Each Receipt this Period: 10.00

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

Mailing Address 3029 RIVER WOODS DR

City: PARRISH State: FL Zip Code: 34219

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REGULATORY GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78924

Amount of Each Receipt this Period: 10.00

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

Mailing Address 3029 RIVER WOODS DR

City: PARRISH State: FL Zip Code: 34219

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: SPECIALIST-REGULATORY GRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78925

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY State: NH Zip Code: 03860
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 205.00
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.78801
Amount of Each Receipt this Period: 5.00

B.
Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY State: NH Zip Code: 03860
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 210.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78802
Amount of Each Receipt this Period: 5.00

C.
Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY State: NH Zip Code: 03860
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 215.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.78803
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY
State: NH
Zip Code: 03860
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78804
Amount of Each Receipt this Period: 5.00

B.
Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY
State: NH
Zip Code: 03860
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.78805
Amount of Each Receipt this Period: 5.00

C.
Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY
State: NH
Zip Code: 03860
FEC ID number of contributing federal political committee.: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78806
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ▶ 15.00

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

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY State: NH Zip Code: 03860
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 235.00
Date of Receipt: 12/24/2015
Transaction ID : SA11AI.78807
Amount of Each Receipt this Period: 5.00

B. Full Name (Last, First, Middle Initial): Barbara White
Mailing Address: 361 DANDI VIEW RD
City: NORTH CONWAY State: NH Zip Code: 03860
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.78808
Amount of Each Receipt this Period: 5.00

C. Full Name (Last, First, Middle Initial): JOSEPH W WILKS
Mailing Address: 101 KINSTON LN
City: DOWNINGTOWN State: PA Zip Code: 19335
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1575.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78209
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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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 Inc PAC

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

Mailing Address 101 KINSTON LN

City: DOWNINGTOWN
State: PA
Zip Code: 19335

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78210

Amount of Each Receipt this Period: 75.00

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

Mailing Address 101 KINSTON LN

City: DOWNINGTOWN
State: PA
Zip Code: 19335

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1725.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78211

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City: DOWNINGTOWN
State: PA
Zip Code: 19335

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78212

Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): JOSEPH W WILKS
Mailing Address: 101 KINSTON LN
City: DOWNINGTOWN State: PA Zip Code: 19335
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP AND AREA CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1875.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78213
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): Donald Wilson
Mailing Address: 1082 VILLITA LOOP
City: LAS CRUCES State: NM Zip Code: 88007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 11 / 02 / 2015
Transaction ID : SA11AI.78885
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Donald Wilson
Mailing Address: 1082 VILLITA LOOP
City: LAS CRUCES State: NM Zip Code: 88007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 840.00
Date of Receipt: 11 / 16 / 2015
Transaction ID : SA11AI.78886
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 155.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Donald Wilson
Mailing Address: 1082 VILLITA LOOP
City: LAS CRUCES State: NM Zip Code: 88007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 880.00
Date of Receipt: 11 / 30 / 2015
Transaction ID : SA11AI.78887
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Donald Wilson
Mailing Address: 1082 VILLITA LOOP
City: LAS CRUCES State: NM Zip Code: 88007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 920.00
Date of Receipt: 12 / 14 / 2015
Transaction ID : SA11AI.78888
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Donald Wilson
Mailing Address: 1082 VILLITA LOOP
City: LAS CRUCES State: NM Zip Code: 88007
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00
Date of Receipt: 12 / 28 / 2015
Transaction ID : SA11AI.78889
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): IRVIN D WINEBRENNER
Mailing Address: 12177 WOODFORD DRIVE
City: MARRIOTTSVILLE State: MD Zip Code: 21104
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 11 / 13 / 2015
Transaction ID : SA11AI.77986
Amount of Each Receipt this Period: 15.00

B.
Full Name (Last, First, Middle Initial): IRVIN D WINEBRENNER
Mailing Address: 12177 WOODFORD DRIVE
City: MARRIOTTSVILLE State: MD Zip Code: 21104
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00
Date of Receipt: 11 / 27 / 2015
Transaction ID : SA11AI.77987
Amount of Each Receipt this Period: 15.00

C.
Full Name (Last, First, Middle Initial): IRVIN D WINEBRENNER
Mailing Address: 12177 WOODFORD DRIVE
City: MARRIOTTSVILLE State: MD Zip Code: 21104
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: ADMINISTRATOR-SR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt: 12 / 11 / 2015
Transaction ID : SA11AI.77988
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
IRVIN D WINEBRENNER

Mailing Address 12177 WOODFORD DRIVE

City: MARRIOTTSVILLE
State: MD
Zip Code: 21104

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 12 / 24 / 2015
Transaction ID : SA11AI.77989

Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City: WAYNE
State: PA
Zip Code: 19087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGULATORY ADM COMPL GRS RH

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78140

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City: WAYNE
State: PA
Zip Code: 19087

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGULATORY ADM COMPL GRS RH

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78141

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City: WAYNE
State: PA
Zip Code: 19087

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGULATORY ADM COMPL GRS RH

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78142

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City: WAYNE
State: PA
Zip Code: 19087

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGULATORY ADM COMPL GRS RH

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78143

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City: WAYNE
State: PA
Zip Code: 19087

FEC ID number of contributing federal political committee. C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-REGULATORY ADM COMPL GRS RH

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78144

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DONNA WIXTED
Mailing Address: 1108 KENT LANE
City: PHILADELPHIA State: PA Zip Code: 19115
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP -FOOD AND NUTRIONAL SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77770
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): DONNA WIXTED
Mailing Address: 1108 KENT LANE
City: PHILADELPHIA State: PA Zip Code: 19115
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP -FOOD AND NUTRIONAL SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77771
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): DONNA WIXTED
Mailing Address: 1108 KENT LANE
City: PHILADELPHIA State: PA Zip Code: 19115
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP -FOOD AND NUTRIONAL SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77772
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): DONNA WIXTED
Mailing Address: 1108 KENT LANE
City: PHILADELPHIA State: PA Zip Code: 19115
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP -FOOD AND NUTRIONAL SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 12/18/2015
Transaction ID : SA11AI.77773
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): DONNA WIXTED
Mailing Address: 1108 KENT LANE
City: PHILADELPHIA State: PA Zip Code: 19115
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP -FOOD AND NUTRIONAL SVS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 12/31/2015
Transaction ID : SA11AI.77774
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Patricia Worhunsky-Quinn
Mailing Address: 45 Prospect Street
City: Terryville State: CT Zip Code: 06786
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare Corporation
Occupation: Regional VP Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 840.00
Date of Receipt: 11/06/2015
Transaction ID : SA11AI.78049
Amount of Each Receipt this Period: 40.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): Patricia Worhunsky-Quinn
Mailing Address: 45 Prospect Street
City: Terryville State: CT Zip Code: 06786
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare Corporation
Occupation: Regional VP Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 880.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78050
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): Patricia Worhunsky-Quinn
Mailing Address: 45 Prospect Street
City: Terryville State: CT Zip Code: 06786
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare Corporation
Occupation: Regional VP Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 920.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78051
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): Patricia Worhunsky-Quinn
Mailing Address: 45 Prospect Street
City: Terryville State: CT Zip Code: 06786
FEC ID number of contributing federal political committee: C
Name of Employer: Genesis HealthCare Corporation
Occupation: Regional VP Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 960.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78052
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 45 Prospect Street

City: Terryville
State: CT
Zip Code: 06786

FEC ID number of contributing federal political committee.: C

Name of Employer: Genesis HealthCare Corporation
Occupation: Regional VP Operations

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 31 / 2015

Transaction ID : SA11AI.78053

Amount of Each Receipt this Period: 40.00

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

Mailing Address PO BOX 339

City: MARLINTON
State: WV
Zip Code: 24954

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 11 / 06 / 2015

Transaction ID : SA11AI.78431

Amount of Each Receipt this Period: 15.00

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

Mailing Address PO BOX 339

City: MARLINTON
State: WV
Zip Code: 24954

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 20 / 2015

Transaction ID : SA11AI.78432

Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JUDSON WORTH

Mailing Address PO BOX 339

City: MARLINTON State: WV Zip Code: 24954

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78433

Amount of Each Receipt this Period: 15.00

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

Mailing Address PO BOX 339

City: MARLINTON State: WV Zip Code: 24954

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78434

Amount of Each Receipt this Period: 15.00

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

Mailing Address PO BOX 339

City: MARLINTON State: WV Zip Code: 24954

FEC ID number of contributing federal political committee. C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78435

Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

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

Mailing Address 43 THOMAS STREET

City: WINDSOR LOCKS
State: CT
Zip Code: 06096

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.77911

Amount of Each Receipt this Period: 10.00

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

Mailing Address 43 THOMAS STREET

City: WINDSOR LOCKS
State: CT
Zip Code: 06096

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.77912

Amount of Each Receipt this Period: 10.00

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

Mailing Address 43 THOMAS STREET

City: WINDSOR LOCKS
State: CT
Zip Code: 06096

FEC ID number of contributing federal political committee.: C

Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.77913

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): MARY WRINN
Mailing Address: 43 THOMAS STREET
City: WINDSOR LOCKS State: CT Zip Code: 06096
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.77914
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): MARY WRINN
Mailing Address: 43 THOMAS STREET
City: WINDSOR LOCKS State: CT Zip Code: 06096
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP OPERATIONS REHAB SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.77915
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial): STEPHEN S YOUNG
Mailing Address: 807 MERRIMAC LANE
PO BOX 766
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-ASSISTANT CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1050.00
Date of Receipt: 11 / 06 / 2015
Transaction ID : SA11AI.78103
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): STEPHEN S YOUNG
Mailing Address: 807 MERRIMAC LANE, PO BOX 766
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-ASSISTANT CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 20 / 2015
Transaction ID : SA11AI.78104
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): STEPHEN S YOUNG
Mailing Address: 807 MERRIMAC LANE, PO BOX 766
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-ASSISTANT CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1150.00
Date of Receipt: 12 / 04 / 2015
Transaction ID : SA11AI.78105
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): STEPHEN S YOUNG
Mailing Address: 807 MERRIMAC LANE, PO BOX 766
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-ASSISTANT CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 12 / 18 / 2015
Transaction ID : SA11AI.78106
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): STEPHEN S YOUNG
Mailing Address: 807 MERRIMAC LANE
PO BOX 766
City: UNIONVILLE State: PA Zip Code: 19375
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTHCARE CORPORATION
Occupation: VP-ASSISTANT CONTROLLER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1250.00
Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.78107
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶ 40572.80

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)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): BOEHNER FOR SPEAKER
Mailing Address: 320 FIRST ST., SE
City: WASHINGTON State: DC Zip Code: 20003
FEC ID number of contributing federal political committee: C C00478354
Name of Employer:
Occupation:
Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 10 / 28 / 2015
Transaction ID : SA16.79186
Amount of Each Receipt this Period: 2000.00

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

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

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): Wells Fargo Bank
Mailing Address: 400 Scarlett Road
City: Kennett Square State: PA Zip Code: 19348
Purpose of Disbursement:
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 30 / 2015
Transaction ID : SB21B.79104
Amount of Each Disbursement this Period: 90.00

B. Full Name (Last, First, Middle Initial): Wells Fargo Bank
Mailing Address: 400 Scarlett Road
City: Kennett Square State: PA Zip Code: 19348
Purpose of Disbursement:
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 30 / 2015
Transaction ID : SB21B.79105
Amount of Each Disbursement this Period: 45.00

C. Full Name (Last, First, Middle Initial): Wells Fargo Bank
Mailing Address: 400 Scarlett Road
City: Kennett Square State: PA Zip Code: 19348
Purpose of Disbursement:
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 31 / 2015
Transaction ID : SB21B.79106
Amount of Each Disbursement this Period: 45.00

SUBTOTAL of Disbursements This Page (optional) ▶ 180.00

TOTAL This Period (last page this line number only) ▶ 180.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
BENNET COLORADO VICTORY

Mailing Address 1776 PLATTE ST

City: DENVER State: CO Zip Code: 80202

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 12 / 04 / 2015

Transaction ID : SB23.79142

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City: NEWARK State: DE Zip Code: 19714

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☒ Senate ☐ President
State: DE District: 00

Disbursement For: 2020
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 10 / 12 / 2015

Transaction ID : SB23.79120

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address PO BOX 1372

City: VERNON State: CT Zip Code: 06066

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 10 / 12 / 2015

Transaction ID : SB23.79118

Amount of Each Disbursement this Period: 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): DCCC
Mailing Address: 430 S. Capitol Street, S.E.
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 22 / 2015
Transaction ID : SB23.79144
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Dirigo PAC
Mailing Address: PO Box 1355
City: Alexandra State: VA Zip Code: 22313
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2015
Transaction ID : SB23.79128
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): HOEVEN FOR SENATE
Mailing Address: PO BOX 861
City: BISMARCK State: ND Zip Code: 58502
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 16 / 2015
Transaction ID : SB23.79126
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City: WADSWORTH State: OH Zip Code: 44281

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 11 / 02 / 2015

Transaction ID : SB23.79137

Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City: NEWTON State: MA Zip Code: 02459

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 10 / 09 / 2015

Transaction ID : SB23.79116

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City: BAKERSFIELD State: CA Zip Code: 93389

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 22

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 11 / 04 / 2015

Transaction ID : SB23.79139

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): LANCE FOR CONGRESS
Mailing Address: PO BOX 5154
City: CLINTON State: NJ Zip Code: 08809
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 02 / 2015
Transaction ID : SB23.79132
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): MARCO RUBIO FOR PRESIDENT
Mailing Address: PO BOX 558701
City: MIAMI State: FL Zip Code: 33255
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 15 / 2015
Transaction ID : SB23.79121
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): Mike Kelly for Congress
Mailing Address: PO Box 476
City: Lyndora State: PA Zip Code: 16045
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: PA District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 16 / 2015
Transaction ID : SB23.79124
Amount of Each Disbursement this Period: 1500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): NRSC - NONFEDERAL
Mailing Address: 425 Second Street NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 12 / D D 22 / Y Y Y Y 2015
Transaction ID : SB23.79146
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): ORRINPAC
Mailing Address: PO BOX 900427
City: SANDY State: UT Zip Code: 84090
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 16 / Y Y Y Y 2015
Transaction ID : SB23.79125
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): PALLONE FOR CONGRESS
Mailing Address: PO BOX 3176
City: LONG BRANCH State: NJ Zip Code: 07740
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☒ Other (specify)
Date of Disbursement: M M 10 / D D 16 / Y Y Y Y 2015
Transaction ID : SB23.79123
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
PARTNERSHIP FOR AMERICA

Mailing Address PO BOX 77472

City: WASHINGTON State: DC Zip Code: 20013

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 02 / 2015

Transaction ID : SB23.79135

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address PO BOX 147

City: RED LION State: PA Zip Code: 17356

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 04

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 02 / 2015

Transaction ID : SB23.79130

Amount of Each Disbursement this Period: 2000.00

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

Mailing Address 1006 Pendleton Street

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 04 / 2015

Transaction ID : SB23.79141

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City: FRANKFORT State: KY Zip Code: 40602

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 17 / 2015

Transaction ID : SB23.79140

Amount of Each Disbursement this Period: 5000.00

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

Mailing Address POST OFFICE BOX 5928

City: WINSTON-SALEM State: NC Zip Code: 27113

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☒ Senate ☐ President
State: NC District: 00

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 08 / 2015

Transaction ID : SB23.79113

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City: WEST CHESTER State: PA Zip Code: 19381

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 02 / 2015

Transaction ID : SB23.79131

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A.
Full Name (Last, First, Middle Initial): TOM MACARTHUR FOR CONGRESS INC.
Mailing Address: PO BOX 225
City: COLONIA State: NJ Zip Code: 07067
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 11 / D D 02 / Y Y Y Y 2015
Transaction ID : SB23.79133
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 49000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Committee to Re-elect Jimmie C. Hall

Mailing Address 13008 Gray Hills Road, N.E.

City: Albuquerque State: NM Zip Code: 87111

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 24 / 2015

Transaction ID : SB29.79161

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Committee to Re-elect John Arthur Smith

Mailing Address Box 998

City: Deming State: NM Zip Code: 88031

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 17 / 2015

Transaction ID : SB29.79178

Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Committee to Re-elect Larry A. Larranaga

Mailing Address 7716 Lamplighter, NE

City: Albuquerque State: NM Zip Code: 87109

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 24 / 2015

Transaction ID : SB29.79163

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Committee to Re-elect Lucky Varela

Mailing Address 1709 Callejon Zenaida

City: Santa Fe State: NM Zip Code: 87501

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 24 / 2015

Transaction ID : SB29.79169

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Committee to Re-elect Mary Kay Papen

Mailing Address 904 Conway Avenue

City: Las Cruces State: NM Zip Code: 88005

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 12 / 17 / 2015

Transaction ID : SB29.79176

Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Committee to Re-elect Patricia Lundstrom

Mailing Address 3406 Bluehill Avenue

City: Gallup State: NM Zip Code: 87301

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 24 / 2015

Transaction ID : SB29.79167

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Committee to Re-elect Paul C. Brandy

Mailing Address 388 County road 2900

City: Aztec State: NM Zip Code: 87410

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 24 / 2015

Transaction ID : SB29.79159

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Committee to Reelect Don Tripp

Mailing Address PO Box 1369

City: Socorro State: NM Zip Code: 87801

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 15 / 2015

Transaction ID : SB29.79152

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Conway Overly for Kentucky

Mailing Address PO Box 7803

City: Louisville State: KY Zip Code: 40237

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 15 / 2015

Transaction ID : SB29.79150

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial): DePasquale for Pennsylvania
Mailing Address: PO Box 391
City: Harrisburg State: PA Zip Code: 17108
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2015
Transaction ID : SB29.79172
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): HOUSE MAJORITY PAC
Mailing Address: 700 13TH STREET, NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 29 / 2015
Transaction ID : SB29.79180
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): NEW JERSEY REPUBLICAN STATE COMMITTEE
Mailing Address: 150 WEST STATE STREET SUITE 230
City: TRENTON State: NJ Zip Code: 08608
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2015
Transaction ID : SB29.79155
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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Genesis Healthcare Inc PAC

A. Full Name (Last, First, Middle Initial)
Representative Four Price

Mailing Address PO Box 1749

City: Amarillo State: TX Zip Code: 79105

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 14 / 2015

Transaction ID : SB29.79174

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Richard Pena Raymond Campaign

Mailing Address PO Box 450349

City: Laredo State: TX Zip Code: 78045

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 16 / 2015

Transaction ID : SB29.79157

Amount of Each Disbursement this Period: 500.00

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

Mailing Address 2112 W. Leburium, Suite 206

City: Richmond State: VA Zip Code: 23277

Purpose of Disbursement

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 16 / 2015

Transaction ID : SB29.79154

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 13000.00