

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

101 EAST STATE STREET

☐Check if different
than previously
reported. (ACC)

KENNETT SQUARE

PA

19348

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00292094

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2011

through

06

30

2011

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

Type or Print Name of Treasurer

LAURENCE F LANE

Signature of Treasurer

Electronically Filed by LAURENCE F LANE

Date

07

11

2011

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)

Page 2

Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	47088.17
(b) Cash on Hand at Beginning of Reporting Period	77937.37	
(c) Total Receipts (from Line 19)	46416.24	102885.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124353.61	149973.61
7. Total Disbursements (from Line 31)	65975.00	91595.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58378.61	58378.61
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)

Page 3

Write or Type Committee Name

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

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)	37178.45	66407.29
(ii) Unitemized	9237.79	36478.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46416.24	102885.44
(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)	46416.24	102885.44
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46416.24	102885.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46416.24	102885.44

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	120.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	120.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61100.00	86600.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	4875.00	4875.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65975.00	91595.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65975.00	91595.00	

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)	46416.24	102885.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46416.24	102885.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	120.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	120.00

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

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

FOR LINE NUMBER: PAGE 6 / 234

(check only one)

☒ 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 CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.44372

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 CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44373

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 CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.44374

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: PAGE 7 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

ADMINISTRATOR EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.44375

Amount of Each Receipt this Period

25.00

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 CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45224

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 CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.45225

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.45226

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSHIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.87

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44365

Amount of Each Receipt this Period

24.43

C.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSHIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.30

Date of Receipt

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

Transaction ID: SA11AI.44366

Amount of Each Receipt this Period

24.43

SUBTOTAL of Receipts This Page (optional)

68.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.73

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44367

Amount of Each Receipt this Period

24.43

B.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.16

Date of Receipt

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

Transaction ID: SA11AI.44368

Amount of Each Receipt this Period

24.43

C.

Full Name (Last, First, Middle Initial)

HARRY H ALBERTS

Mailing Address 213 WITTSIRE DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.59

Date of Receipt

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

Transaction ID: SA11AI.44369

Amount of Each Receipt this Period

24.43

SUBTOTAL of Receipts This Page (optional)

73.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44212

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 HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44213

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 HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.44214

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44215

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 HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.44216

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 HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.44217

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: PAGE 12 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

1723.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43978

Amount of Each Receipt this Period

215.38

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 ▼

1938.42

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43979

Amount of Each Receipt this Period

215.38

C.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.80

Date of Receipt

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

Transaction ID: SA11AI.43980

Amount of Each Receipt this Period

215.38

SUBTOTAL of Receipts This Page (optional)

646.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

2369.18

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43981

Amount of Each Receipt this Period

215.38

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 ▼

2584.56

Date of Receipt

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

Transaction ID: SA11AI.43982

Amount of Each Receipt this Period

215.38

C.

Full Name (Last, First, Middle Initial)

PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City

BALDWIN

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2799.94

Date of Receipt

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

Transaction ID: SA11AI.43983

Amount of Each Receipt this Period

215.38

SUBTOTAL of Receipts This Page (optional)

646.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44170

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44171

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44172

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: PAGE 15 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44173

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44174

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44175

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: PAGE 16 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44044

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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44045

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 ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.44046

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: PAGE 17 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44047

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 ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.44048

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 ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.44049

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44568

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44569

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44570

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: PAGE 19 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44571

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44572

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44573

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: PAGE 20 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44032

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44033

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44034

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: PAGE 21 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44035

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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44036

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 ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44037

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: PAGE 22 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44400

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JUDITH 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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44401

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JUDITH 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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44402

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: PAGE 23 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JUDITH BLINN

Mailing Address 67 BLOSSOM ROAD

City

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NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44403

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JUDITH 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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44404

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JUDITH 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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44405

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: PAGE 24 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44685

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 CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44686

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 CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.44687

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: PAGE 25 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44688

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 CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.44689

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 CORPOR-
ATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.44690

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: PAGE 26 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44310

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44311

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.44312

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44313

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.44314

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

EDWARD J BOEGGEMAN

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: SA11AI.44315

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

FOR LINE NUMBER: PAGE 28 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH B BOURNE JR.

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 CORPOR-
ATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44936

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH B BOURNE JR.

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 CORPOR-
ATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44937

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH B BOURNE JR.

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 CORPOR-
ATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44938

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: PAGE 29 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH B BOURNE JR.

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 CORPOR-
ATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44939

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH B BOURNE JR.

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 CORPOR-
ATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44940

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH B BOURNE JR.

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 CORPOR-
ATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44941

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: PAGE 30 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45270

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 CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.45271

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 CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45272

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.45273

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 CORPOR-
ATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.45274

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARSHA J 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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44734

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: PAGE 32 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARSHA J 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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44735

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MARSHA J 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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44736

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARSHA J 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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44737

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: PAGE 33 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARSHA J 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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44738

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LONDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44407

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LONDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44408

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: PAGE 34 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44409

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44410

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT M CANNON

Mailing Address 2408 LANDON DRIVE

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44411

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: PAGE 35 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44911

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44912

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44913

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44914

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44915

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Leslie Cavicchi

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

VP Contracting Dept.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44916

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: PAGE 37 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44237

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44238

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.44239

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: PAGE 38 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44240

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

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

Transaction ID: SA11AI.44241

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

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

Transaction ID: SA11AI.44242

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: PAGE 39 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELLE L COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44637

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MICHELLE L COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44638

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MICHELLE L COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44639

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: PAGE 40 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELLE L COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44640

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MICHELLE L COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44641

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MICHELLE L COSTA

Mailing Address 109 JILLIAN WAY

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44642

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: PAGE 41 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY T CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44809

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MARY T CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44810

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MARY T CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44811

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: PAGE 42 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY T CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44812

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MARY T CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44813

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MARY T CROTTY

Mailing Address 6 MUNROE DRIVE

City

ROCKPORT

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44814

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: PAGE 43 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45104

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.45105

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

M. ELLEN CULLEN

Mailing Address 230 WICKERSHAM ROAD

City

OXFORD

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.45106

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: PAGE 44 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43990

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43991

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code
HENNIKER NH 03242

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.43992

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: PAGE 45 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43993

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 ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.43994

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 ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.43995

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: PAGE 46 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44442

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44443

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44444

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44445

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 ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44446

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 ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44447

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: PAGE 48 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45012

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 CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45013

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 CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.45014

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**

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

FOR LINE NUMBER: PAGE 49 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45015

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 CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

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

Transaction ID: SA11AI.45016

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 CORPOR-
ATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

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

Transaction ID: SA11AI.45017

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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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.43908

Amount of Each Receipt this Period

500.00

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44188

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44189

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.44190

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44191

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.44192

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: PAGE 52 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1165.00

Date of Receipt

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

Transaction ID: SA11AI.44193

Amount of Each Receipt this Period

65.00

B.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44298

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

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 ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44299

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

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 ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.44300

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

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 ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44301

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

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 ▼

660.00

Date of Receipt

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

Transaction ID: SA11AI.44302

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**

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

FOR LINE NUMBER: PAGE 54 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAROLYN DIFENDERFER

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 ▼

715.00

Date of Receipt

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

Transaction ID: SA11AI.44303

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44526

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 ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44527

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

439.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
WEST GROVE PA 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 ▼

1920.00

Date of Receipt

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

Transaction ID: SA11AI.44528

Amount of Each Receipt this Period

192.00

B.

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

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
WEST GROVE PA 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 ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44529

Amount of Each Receipt this Period

192.00

C.

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

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
WEST GROVE PA 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 ▼

2304.00

Date of Receipt

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

Transaction ID: SA11AI.44530

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: PAGE 56 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

2496.00

Date of Receipt

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

Transaction ID: SA11AI.44531

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44451

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44452

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY T DOUGHERTY

Mailing Address 1300 NEW YORK AVE

City

MANASQUAN

State

NJ

Zip Code

08736

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44453

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43924

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43925

Amount of Each Receipt this Period

50.00

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: PAGE 58 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.43926

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43927

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.43928

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: PAGE 59 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH DVORAK

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.43929

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44355

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44356

Amount of Each Receipt this Period

20.00

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: PAGE 60 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44357

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45317

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45318

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**

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

FOR LINE NUMBER: PAGE 61 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.45319

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45320

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.45321

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: PAGE 62 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARIAN D EDMISTON

Mailing Address 1056 KERWOOD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-CORP CLINICAL ED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.45322

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45034

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45035

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.45036

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45037

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: SA11AI.45038

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

J. RICHARD EDWARDS

Mailing Address 29 SOUTH HAMPTON PARISH ROAD

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-ASST TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

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

Transaction ID: SA11AI.45039

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44643

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44644

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44645

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44646

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44647

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: PAGE 66 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44648

Amount of Each Receipt this Period

35.00

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.87

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44574

Amount of Each Receipt this Period

41.34

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.50

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44575

Amount of Each Receipt this Period

50.63

SUBTOTAL of Receipts This Page (optional)

126.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.03

Date of Receipt

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

Transaction ID: SA11AI.44576

Amount of Each Receipt this Period

45.53

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44577

Amount of Each Receipt this Period

45.44

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.98

Date of Receipt

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

Transaction ID: SA11AI.44578

Amount of Each Receipt this Period

45.51

SUBTOTAL of Receipts This Page (optional)

136.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.26

Date of Receipt

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

Transaction ID: SA11AI.44579

Amount of Each Receipt this Period

53.28

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44979

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44980

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

93.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44981

Amount of Each Receipt this Period

20.00

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44026

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44027

Amount of Each Receipt this Period

50.00

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: PAGE 70 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44028

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44029

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 ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44030

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: PAGE 71 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44031

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: SA11AI.44502

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.44503

Amount of Each Receipt this Period

30.00

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: PAGE 72 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44504

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44505

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.44506

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: PAGE 73 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.44507

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44485

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44486

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**

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

FOR LINE NUMBER: PAGE 74 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44487

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44488

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44489

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: PAGE 75 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PACE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45372

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PACE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.45373

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PACE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45374

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: PAGE 76 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.45375

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ROBERT FURIA MD

Mailing Address 257 N STATE RD APT 11D

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-MEDICAL PAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.45376

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44316

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44317

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44318

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44319

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: PAGE 78 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44320

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARY V.M. GALVEZ

Mailing Address 4409 UNDERWOOD ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44321

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.45121

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.45122

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.45123

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER N GILLISSEN

Mailing Address 37 ROYALSTON ROAD NORTH

City

WINCHENDON

State

MA

Zip Code

01475

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.45124

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kathryn Graning

Mailing Address 225 Stoneyford Road

City

Baltimore

State

MD

Zip Code

21210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.43898

Amount of Each Receipt this Period

500.00

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44068

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44069

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44070

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 ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44071

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44072

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: PAGE 82 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44073

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44424

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44425

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.44426

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44427

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.44428

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: PAGE 84 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NANCY E GRIMES

Mailing Address 114 OSAGE LANE-UNAMI TRAIL

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.44429

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45218

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.45219

Amount of Each Receipt this Period

20.00

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: PAGE 85 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.45220

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44264

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44265

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44266

Amount of Each Receipt this Period

20.00

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 CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45287

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 CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45288

Amount of Each Receipt this Period

50.00

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: PAGE 87 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45289

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 CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45290

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 CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45291

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: PAGE 88 / 234

(check only one)

☒ 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 CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45292

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44140

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44141

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.44142

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 HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44143

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.44144

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHY L HADDON

Mailing Address 312 LEE ROAD

City

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State

WV

Zip Code

26037

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.44145

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.45343

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.45344

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.45345

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CHARLES M. HALL

Mailing Address 10304 CHEVERS DR

City

GLEN MILLS

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.45346

Amount of Each Receipt this Period

25.00

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 ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.44839

Amount of Each Receipt this Period

35.00

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: PAGE 92 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corp

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.44840

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 ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.44841

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44842

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: PAGE 93 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Robert Harris

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corp

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.44843

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.44844

Amount of Each Receipt this Period

35.00

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 CORPOR-
ATION

Occupation
VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44658

Amount of Each Receipt this Period

20.00

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: PAGE 94 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44659

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44660

Amount of Each Receipt this Period

20.00

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 ▼

428.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.44721

Amount of Each Receipt this Period

53.50

SUBTOTAL of Receipts This Page (optional)

93.50

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

481.50

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44722

Amount of Each Receipt this Period

53.50

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 ▼

535.00

Date of Receipt

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

Transaction ID: SA11AI.44723

Amount of Each Receipt this Period

53.50

C.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

DAVIDSONVILLE

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44724

Amount of Each Receipt this Period

53.50

SUBTOTAL of Receipts This Page (optional)

160.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City

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State

MD

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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 ▼

642.00

Date of Receipt

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

Transaction ID: SA11AI.44725

Amount of Each Receipt this Period

53.50

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 ▼

695.50

Date of Receipt

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

Transaction ID: SA11AI.44726

Amount of Each Receipt this Period

53.50

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 CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45185

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

217.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45186

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.45187

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45188

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

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State

MD

Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

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

Transaction ID: SA11AI.45189

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-SR OPERATIONS REHAB SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

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

Transaction ID: SA11AI.45190

Amount of Each Receipt this Period

110.00

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 CORPOR-
ATION

Occupation

VP-DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44227

Amount of Each Receipt this Period

18.50

SUBTOTAL of Receipts This Page (optional)

238.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

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

Transaction ID: SA11AI.44228

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 CORPOR-
ATION

Occupation

VP-DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

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

Transaction ID: SA11AI.44229

Amount of Each Receipt this Period

18.50

C.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44899

Amount of Each Receipt this Period

30.00

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: PAGE 100 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44900

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44901

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44902

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.44903

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

LEANA HOOVER

Mailing Address 9066 HARRIS PL

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.44904

Amount of Each Receipt this Period

30.00

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 CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44087

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**

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

FOR LINE NUMBER: PAGE 102 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.44088

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 CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.44089

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 CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.44090

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: PAGE 103 / 234

(check only one)

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44091

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

THOMAS M KELLEY JR.

Mailing Address 180 SIMMONS DRIVE

City

MILLWOOD

State

WV

Zip Code

25262

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44664

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

THOMAS M KELLEY JR.

Mailing Address 180 SIMMONS DRIVE

City

MILLWOOD

State

WV

Zip Code

25262

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44665

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS M KELLEY JR.

Mailing Address 180 SIMMONS DRIVE

City

MILLWOOD

State

WV

Zip Code

25262

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44666

Amount of Each Receipt this Period

20.00

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 CORPOR-
ATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43965

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 CORPOR-
ATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43966

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.43967

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 CORPOR-
ATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43968

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 CORPOR-
ATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.43969

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.43970

Amount of Each Receipt this Period

150.00

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 CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44490

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 CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44491

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44492

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 CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44493

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 CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44494

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: PAGE 108 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44495

Amount of Each Receipt this Period

50.00

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: SA11AI.44649

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.44650

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.44651

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44652

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.44653

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.44654

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 CORPOR-
ATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44815

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 CORPOR-
ATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44816

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.44817

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 CORPOR-
ATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44818

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 CORPOR-
ATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.44819

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.44820

Amount of Each Receipt this Period

100.00

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 CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44766

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 CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44767

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44768

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MARGARET A LEONARD

Mailing Address 1208 DULANEY WOODS ROAD

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44807

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARGARET A LEONARD

Mailing Address 1208 DULANEY WOODS ROAD

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44808

Amount of Each Receipt this Period

50.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45028

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 CORPOR-
ATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45029

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 CORPOR-
ATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45030

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: PAGE 115 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

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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 CORPOR-
ATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45031

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 CORPOR-
ATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45032

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 CORPOR-
ATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45033

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: PAGE 116 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44176

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44177

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44178

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44179

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44180

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44181

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)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44325

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44326

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

PAUL MAHONEY

Mailing Address 49 BARRY AVE

City

SOMERSET

State

MA

Zip Code

02726

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44327

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: PAGE 119 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44388

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 CORPOR-
ATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44389

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 CORPOR-
ATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44390

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)
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44391

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 CORPOR-
ATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44392

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 CORPOR-
ATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44393

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 CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44860

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 CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44861

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 CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44862

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 CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44116

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44117

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.44118

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 CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44119

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.44120

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.44121

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 CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43984

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 CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43985

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 CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.43986

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: PAGE 125 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43987

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 CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.43988

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 CORPOR-
ATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.43989

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)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45203

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45204

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45205

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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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45206

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45207

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY S MCELWEE

Mailing Address 118 PINE VALLEY ROAD

City

AVONDALE

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REHAB SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45208

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: PAGE 128 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44182

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44183

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44184

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: PAGE 129 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44185

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44186

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44187

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: PAGE 130 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kathryn McGuire

Mailing Address 23 Daniel Drive

City

Avondale

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.43906

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PAUL J MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44104

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAUL J MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44105

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL J MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44106

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

PAUL J MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44107

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

PAUL J MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44108

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL J MCGUIRE

Mailing Address 280 APPLETON COURT

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44109

Amount of Each Receipt this Period

35.00

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 CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44059

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 CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44060

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44061

Amount of Each Receipt this Period

20.00

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45125

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45126

Amount of Each Receipt this Period

50.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45127

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45128

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45129

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: PAGE 135 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45130

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44739

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44740

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: PAGE 136 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44741

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44742

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44743

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: PAGE 137 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAUREN F MURRAY

Mailing Address 19 SHIP STREET

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-REGIONAL SALES AND MTKG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44744

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 CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44616

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 CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44617

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 234

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

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C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44618

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 CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44619

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 CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44620

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEITH NAUSE

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City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44621

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

THOMAS P O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44982

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

THOMAS P O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44983

Amount of Each Receipt this Period

40.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 234

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS P O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44984

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

THOMAS P O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44985

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

THOMAS P O'DONNELL

Mailing Address 78 ST.DAVIDS ROAD

City

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State

PA

Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44986

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 234

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A.

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THOMAS P O'DONNELL

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State

PA

Zip Code

19064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44987

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44598

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44599

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 234

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

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ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
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C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44600

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44601

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44602

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NH

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03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44603

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MARY M PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44680

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARY M PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44681

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**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

MARY M PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

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State

DE

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19958

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federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44682

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MARY M PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44683

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MARY M PERKINS

Mailing Address 16835 PEMBROKE ROAD

City

LEWES

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR QUALITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44684

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45155

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45156

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.45157

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**

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FOR LINE NUMBER: PAGE 146 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45158

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.45159

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

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

Transaction ID: SA11AI.45160

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44796

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44797

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44798

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: PAGE 148 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44799

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44800

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 CORPOR-
ATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44801

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: PAGE 149 / 234

(check only one)

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45365

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 CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45366

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 CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45367

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)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45368

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 CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45369

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 CORPOR-
ATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45370

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 CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45006

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45007

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.45008

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45009

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.45010

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

RICHARD REILLY

Mailing Address 130 DEEP HOLLOW ROAD

City

KING OF PRUSSIA

State

PA

Zip Code

19406

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.45011

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)
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FOR LINE NUMBER: PAGE 153 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43930

Amount of Each Receipt this Period

165.00

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 HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43931

Amount of Each Receipt this Period

165.00

C.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

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

Transaction ID: SA11AI.43932

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43933

Amount of Each Receipt this Period

165.00

B.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1905.00

Date of Receipt

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

Transaction ID: SA11AI.43934

Amount of Each Receipt this Period

165.00

C.

Full Name (Last, First, Middle Initial)

ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
PRESIDENT-DIVISIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

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

Transaction ID: SA11AI.43935

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45356

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 CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.45357

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 CORPOR-
ATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.45358

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: PAGE 156 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45311

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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.14

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45312

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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.60

Date of Receipt

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

Transaction ID: SA11AI.45313

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

FOR LINE NUMBER: PAGE 157 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.06

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45314

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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.52

Date of Receipt

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

Transaction ID: SA11AI.45315

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 CORPOR-
ATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

824.98

Date of Receipt

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

Transaction ID: SA11AI.45316

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44787

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44788

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44789

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.44790

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44791

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.44792

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.44793

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.44794

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

CRAIG S ROWLEY

Mailing Address 15 RUTLAND STREET

City

DOVER

State

NH

Zip Code

03820

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.44795

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.54

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.45227

Amount of Each Receipt this Period

19.47

B.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.32

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45228

Amount of Each Receipt this Period

19.78

C.

Full Name (Last, First, Middle Initial)

THOMAS RUSSO

Mailing Address 561 KING ST

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.10

Date of Receipt

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

Transaction ID: SA11AI.45229

Amount of Each Receipt this Period

19.78

SUBTOTAL of Receipts This Page (optional)

59.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.88

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45230

Amount of Each Receipt this Period

19.78

B.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.66

Date of Receipt

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

Transaction ID: SA11AI.45231

Amount of Each Receipt this Period

19.78

C.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.44

Date of Receipt

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

Transaction ID: SA11AI.45232

Amount of Each Receipt this Period

19.78

SUBTOTAL of Receipts This Page (optional)

59.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.22

Date of Receipt

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

Transaction ID: SA11AI.45233

Amount of Each Receipt this Period

19.78

B.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45234

Amount of Each Receipt this Period

19.78

C.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.66

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.45235

Amount of Each Receipt this Period

21.66

SUBTOTAL of Receipts This Page (optional)

61.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 164 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.44

Date of Receipt

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

Transaction ID: SA11AI.45236

Amount of Each Receipt this Period

19.78

B.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.45237

Amount of Each Receipt this Period

19.78

C.

Full Name (Last, First, Middle Initial)
THOMAS RUSSO

Mailing Address 561 KING ST

City State Zip Code
SOUTH WINDSOR CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.00

Date of Receipt

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

Transaction ID: SA11AI.45238

Amount of Each Receipt this Period

19.78

SUBTOTAL of Receipts This Page (optional)

59.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 165 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARCIA C SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44751

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARCIA C SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44752

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARCIA C SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44753

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: PAGE 166 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARCIA C SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44754

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARCIA C SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44755

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARCIA C SACCO

Mailing Address 100

PLAIN STREET

City

NORTON

State

MA

Zip Code

02766

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44756

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: PAGE 167 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44869

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44870

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44871

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: PAGE 168 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44872

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44873

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 CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44874

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: PAGE 169 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN 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 CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.44964

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 CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.44965

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 CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

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

Transaction ID: SA11AI.44966

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**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44967

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 CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

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

Transaction ID: SA11AI.44968

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 CORPOR-
ATION

Occupation

CONTROLLER-ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

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

Transaction ID: SA11AI.44969

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**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44626

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 CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44627

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 CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44628

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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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44629

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 CORPOR-
ATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44630

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44691

Amount of Each Receipt this Period

42.88

SUBTOTAL of Receipts This Page (optional)

92.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.92

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44692

Amount of Each Receipt this Period

42.88

B.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.80

Date of Receipt

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

Transaction ID: SA11AI.44693

Amount of Each Receipt this Period

42.88

C.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44694

Amount of Each Receipt this Period

42.88

SUBTOTAL of Receipts This Page (optional)

128.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 174 / 234

(check only one)

☒ 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 CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.56

Date of Receipt

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

Transaction ID: SA11AI.44695

Amount of Each Receipt this Period

42.88

B.

Full Name (Last, First, Middle Initial)

ERIC SCHULTHEIS

Mailing Address 5 GAEBEL LANE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.44

Date of Receipt

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

Transaction ID: SA11AI.44696

Amount of Each Receipt this Period

42.88

C.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44003

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

110.76

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44004

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44005

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44006

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: PAGE 176 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BETTY SCOTT

Mailing Address 28656 CLUBHOUSE DRIVE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44007

Amount of Each Receipt this Period

25.00

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 CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.90

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45245

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 CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1519.20

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45246

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

409.60

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

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 CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1711.50

Date of Receipt

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

Transaction ID: SA11AI.45247

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 CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1903.80

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45248

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 CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2096.10

Date of Receipt

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

Transaction ID: SA11AI.45249

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**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL S. SHERMAN

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 CORPOR-
ATION

Occupation

SR VP MERGERS AND ACQUISITIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2288.40

Date of Receipt

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

Transaction ID: SA11AI.45250

Amount of Each Receipt this Period

192.30

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 CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45173

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 CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45174

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 179 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45175

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 CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45176

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 CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45177

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45178

Amount of Each Receipt this Period

50.00

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 HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44893

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 HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44894

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.44895

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 HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44896

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 HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.44897

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: PAGE 182 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 HEALTH VENTURES,
INC.

Occupation

VP-THERAPY MGMT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

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

Transaction ID: SA11AI.44898

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

GARY J SPROUSE

Mailing Address 2108 DIDONATO DR

City

CHESTER

State

MD

Zip Code

21619

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44623

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GARY J SPROUSE

Mailing Address 2108 DIDONATO DR

City

CHESTER

State

MD

Zip Code

21619

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44624

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 183 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43996

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43997

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.43998

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: PAGE 184 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43999

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44000

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

LINDA B STEVENS

Mailing Address 300 WASHINGTON AVENUE

City

AVON BY THE SEA

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44001

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)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.20

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44273

Amount of Each Receipt this Period

40.07

B.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.58

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44274

Amount of Each Receipt this Period

40.38

C.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.96

Date of Receipt

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

Transaction ID: SA11AI.44275

Amount of Each Receipt this Period

40.38

SUBTOTAL of Receipts This Page (optional)

120.83

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.34

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44276

Amount of Each Receipt this Period

40.38

B.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.72

Date of Receipt

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

Transaction ID: SA11AI.44277

Amount of Each Receipt this Period

40.38

C.

Full Name (Last, First, Middle Initial)

RONALD E STEWARD

Mailing Address 1802 GARFIELD AVENUE
2ND FLOOR

City State Zip Code
WILMINGTON DE 19809

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.10

Date of Receipt

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

Transaction ID: SA11AI.44278

Amount of Each Receipt this Period

40.38

SUBTOTAL of Receipts This Page (optional)

121.14

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45281

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45282

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.45283

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45284

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.45285

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

GODFREY A STREAT

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.45286

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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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.80

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44206

Amount of Each Receipt this Period

37.35

B.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.15

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44207

Amount of Each Receipt this Period

37.35

C.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.50

Date of Receipt

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

Transaction ID: SA11AI.44208

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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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

410.85

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44209

Amount of Each Receipt this Period

37.35

B.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

448.20

Date of Receipt

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

Transaction ID: SA11AI.44210

Amount of Each Receipt this Period

37.35

C.

Full Name (Last, First, Middle Initial)

WILLIAM E STURGIS

Mailing Address 6505 HILLTOP DRIVE

City

BROOKHAVEN

State

PA

Zip Code

19015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

485.55

Date of Receipt

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

Transaction ID: SA11AI.44211

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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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45116

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 CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.45117

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 CORPOR-
ATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.45118

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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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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 CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45350

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 CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.45351

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 CORPOR-
ATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.45352

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44673

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44674

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44675

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)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44676

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44677

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM H TIMM JR.

Mailing Address 715 RIDGE ROAD

City

ORWIGSBURG

State

PA

Zip Code

17961

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44678

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: PAGE 195 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.45040

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45041

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.45042

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: PAGE 196 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.45043

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.45044

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: SA11AI.45045

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: PAGE 197 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.45046

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	1

Transaction ID: SA11AI.45047

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: SA11AI.45048

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: PAGE 198 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: SA11AI.45049

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.45050

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

NEIL TOCKMAN

Mailing Address P.O. BOX 22

City

ELKINS

State

NH

Zip Code

03233

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.45051

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: PAGE 199 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44258

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 CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44259

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 CORPOR-
ATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44260

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: PAGE 200 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44632

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 CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44633

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 CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44634

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: PAGE 201 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44635

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 CORPOR-
ATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44636

Amount of Each Receipt this Period

25.00

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44122

Amount of Each Receipt this Period

35.00

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: PAGE 202 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44123

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44124

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 ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44125

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: PAGE 203 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44126

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 ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44127

Amount of Each Receipt this Period

35.00

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 CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44866

Amount of Each Receipt this Period

20.00

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: PAGE 204 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44867

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 CORPOR-
ATION

Occupation

DIRECTOR-EXTERNAL COMMUN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44868

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

LIBBIE J WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44887

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

FOR LINE NUMBER: PAGE 205 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBBIE J WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44888

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LIBBIE J WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44889

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

LIBBIE J WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44890

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: PAGE 206 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LIBBIE J WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44891

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LIBBIE J WADE

Mailing Address 144 PARK BOULEVARD

City

CLARKSBURG

State

WV

Zip Code

26301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44892

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY M WADE

Mailing Address 3805 SHADY LANE

City

GLENWOOD

State

MD

Zip Code

21738

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44153

Amount of Each Receipt this Period

25.00

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 CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY M WADE

Mailing Address 3805 SHADY LANE

City

GLENWOOD

State

MD

Zip Code

21738

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.44154

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY M WADE

Mailing Address 3805 SHADY LANE

City

GLENWOOD

State

MD

Zip Code

21738

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44155

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY M WADE

Mailing Address 3805 SHADY LANE

City

GLENWOOD

State

MD

Zip Code

21738

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.44156

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)
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FOR LINE NUMBER: PAGE 208 / 234

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY M WADE

Mailing Address 3805 SHADY LANE

City

GLENWOOD

State

MD

Zip Code

21738

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.44157

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

KAREN M WELLS

Mailing Address P.O. BOX 487

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44023

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

KAREN M WELLS

Mailing Address P.O. BOX 487

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.44024

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 209 / 234

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KAREN M WELLS

Mailing Address P.O. BOX 487

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation
MANAGER-SR CORP ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.44025

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City State Zip Code
BALTIMORE MD 21209

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.52

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45058

Amount of Each Receipt this Period

-38.70

C.

Full Name (Last, First, Middle Initial)
DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City State Zip Code
BALTIMORE MD 21209

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.45059

Amount of Each Receipt this Period

38.70

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 210 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.07

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45060

Amount of Each Receipt this Period

38.85

B.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.77

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.45061

Amount of Each Receipt this Period

38.70

C.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.62

Date of Receipt

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

Transaction ID: SA11AI.45062

Amount of Each Receipt this Period

38.85

SUBTOTAL of Receipts This Page (optional)

116.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 211 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.47

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.45063

Amount of Each Receipt this Period

38.85

B.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.32

Date of Receipt

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

Transaction ID: SA11AI.45064

Amount of Each Receipt this Period

38.85

C.

Full Name (Last, First, Middle Initial)

DAVID G WENDT

Mailing Address 7202 VERBENA AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.17

Date of Receipt

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

Transaction ID: SA11AI.45065

Amount of Each Receipt this Period

38.85

SUBTOTAL of Receipts This Page (optional)

116.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 212 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44556

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 CORPOR-
ATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44557

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 CORPOR-
ATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.44558

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

FOR LINE NUMBER: PAGE 213 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44559

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 CORPOR-
ATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.44560

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 CORPOR-
ATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: SA11AI.44561

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

FOR LINE NUMBER: PAGE 214 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

DIRECTOR-SR REGULATORY ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.44465

Amount of Each Receipt this Period

16.00

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 CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.43948

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 CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.43949

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 215 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.43950

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 CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.43951

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 CORPOR-
ATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.43952

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: PAGE 216 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

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 CORPOR-
ATION

Occupation

VP -FOOD AND NUTRITIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.43953

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: SA11AI.44328

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.44329

Amount of Each Receipt this Period

40.00

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: PAGE 217 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.44330

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44331

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.44332

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: PAGE 218 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA S WORHUNSKY-QUINN

Mailing Address 45 PROSPECT ST

City

TERRYVILLE

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPOR-
ATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.44333

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44098

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44099

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**

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

FOR LINE NUMBER: PAGE 219 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.44100

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44101

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.44102

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: PAGE 220 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES,
INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.44103

Amount of Each Receipt this Period

35.00

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 CORPOR-
ATION

Occupation

DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.44394

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 CORPOR-
ATION

Occupation

DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.44395

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

FOR LINE NUMBER: PAGE 221 / 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.44396

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 State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.44397

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 State Zip Code
UNIONVILLE PA 19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATION

Occupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.44398

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: PAGE 222 / 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City	State	Zip Code
UNIONVILLE	PA	19375

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPOR-
ATIONOccupation
DIRECTOR-SR FINANCIAL RPT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.44399

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

37178.45

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

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

FOR LINE NUMBER:
(check only one)

PAGE 223 / 234

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BAUCUS, MAX

Mailing Address PO BOX 586

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: MT District: 00

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.45466

Date of Disbursement

05 / 18 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

BEN CARDIN FOR CONGRESS

Mailing Address PO BOX 21093
100 E. Pratt Street 26th Floor

City
Catonsville

State
MD

Zip Code
21228

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 03

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.43910

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

BOB CASEY FOR PENNSYLVANIA COMMITTEE

Mailing Address PO BOX 22469

City
PHILADELPHIA

State
PA

Zip Code
19110

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.45468

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 224 / 234

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B Pennsylvania Ave., SE
Basement Unit

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 08

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.45488

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial) Brown for US Senate

Mailing Address 200 Reservoir Street
Suite 101

City Needham State MA Zip Code 02494

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.45462

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial) CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.45487

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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)

PAGE 225 / 234

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Chester County Chamber	Transaction ID: SB23.45474 Date of Disbursement																				
Mailing Address 1600 Paoli Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City Malvern State PA Zip Code 19355	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>012</td> </tr> </table> Category/ Type	012																			
012																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS	Transaction ID: SB23.45480 Date of Disbursement																				
Mailing Address 38 Risley Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	1												
City Vernon State CT Zip Code 06066	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.43922 Date of Disbursement																				
Mailing Address 5915 EASTMAN AVENUE SUITE 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 226 / 234

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.45491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/Type

B.

Full Name (Last, First, Middle Initial)

Eric PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.43909

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Category/Type

C.

Full Name (Last, First, Middle Initial)

FITZPATRICK FOR CONGRESS

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 08

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.45452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)

7600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 227 / 234

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF FRANK GUINTA

Mailing Address P.O. BOX 877

City
MANCHESTER

State
NH

Zip Code
03105

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.45471

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

JIM GERLACH

Mailing Address 649 Deep Hollow Lane

City
Chester Springs

State
PA

Zip Code
19425

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.43914

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JIM GERLACH

Mailing Address 649 Deep Hollow Lane

City
Chester Springs

State
PA

Zip Code
19425

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.45461

Date of Disbursement

05 / 05 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 / 234

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City
SALT LAKE CITYState
UTZip Code
84101

Purpose of Disbursement

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: SB23.45478

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Michael Kelly

Mailing Address PO Box 476

City
LyndoraState
PAZip Code
16045

Purpose of Disbursement

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: SB23.45454

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LOU BARLETTA FOR CONGRESS

Mailing Address 1529 TERRACE BLVD
101 WEST BROAD STREETCity
HAZLETONState
PAZip Code
18201

Purpose of Disbursement

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: SB23.45458

Date of Disbursement

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

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)

PAGE 229 / 234

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City
CHARLESTON

State
WV

Zip Code
25361

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.45481

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
MARINO FOR CONGRESS

Mailing Address PO BOX 653

City
WILLIAMSPORT

State
PA

Zip Code
17703

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.45456

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.45464

Date of Disbursement

05 / 18 / 2011

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)

PAGE 230 / 234

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City
WHEELING

State
WV

Zip Code
26003

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: SB23.43919

Date of Disbursement

04 / 20 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

MEEHAN, PATRICK L

Mailing Address 50 S PROVIDENCE ROAD

City
MEDIA

State
PA

Zip Code
19063

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.45453

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2011
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.45476

Date of Disbursement

06 / 14 / 2011

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)

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) TIMOTHY MURPHY	Transaction ID: SB23.45460 Date of Disbursement																				
Mailing Address 221 Brookside Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	1												
City Pittsburgh State PA Zip Code 15241	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.45479 Date of Disbursement																				
Mailing Address 320 FIRST STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>012</td> </tr> </table> Category/ Type	012																			
012																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: SB23.45473 Date of Disbursement																				
Mailing Address 425 SECOND STREET NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>012</td> </tr> </table> Category/ Type	012																			
012																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 PageFOR LINE NUMBER:
(check only one)

PAGE 232 / 234

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address PO BOX 425

City
ROSWELLState
GAZip Code
30077

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.43921

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Roberts for Senate

Mailing Address 1737 H Street NW

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: SB23.45489

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

STABENOW FOR US SENATE

Mailing Address PO BOX 4945

City
EAST LANSINGState
MIZip Code
48826

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.43920

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 234 / 234

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

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NAME OF COMMITTEE (In Full)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City State Zip Code
KENNETT SQUARE PA 19348

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.43917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Ridgewood Center

Mailing Address 25 Ridgewood Road

City State Zip Code
Bedford NH 03110

Purpose of Disbursement
Luncheon for PAC event

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.45484

Date of Disbursement

/ /

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)

4875.00

TOTAL This Period (last page this line number only)

4875.00