07/11/2011 14:33

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE 101 EAST STATE STREET ADDRESS (number and street) Check if different than previously KENNETT SQUARE PA 19348 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00292094 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. LAURENCE F LANE Type or Print Name of Treasurer Electronically Filed by LAURENCE F LANE 07 11 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

		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 Begining 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	

### 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

м м 0 4 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 37178.45 66407.29 (i) Itemized (use Schedule A) ...... 9237.79 36478.15 (ii) Unitemized ..... (iii) TOTAL (add 46416.24 102885.44 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 46416.24 102885.44 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 46416.24 102885.44 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 102885.44 46416.24 (subtract Line 18(c) from Line 19) .....

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### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B	
	Total This Period	Calendar Year-to-Date	
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	
Transfers to Affiliated/Other Party     Committees      Contributions to	0.00	0.00	
Federal Candidates/Committeesand Other Political Committees	61100.00	86600.00	
4. Independent Expenditure  (use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made 8. Refunds of Contributions To:	0.00	0.00	
(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	
9. Other Disbursements	4875.00	4875.00	
0. 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	
_	333.3.33	3.030.00	
<ol> <li>Total Federal Disbursements         (subtract Line 21(a)(ii) and Line 30(a)(ii)     </li> </ol>			
from Line 31)	65975.00	91595.00	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

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	

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
	information copied from such Reports and Sor commercial purposes, other than using the IAME OF COMMITTEE (In Full) SENESIS HEALTHCARE CORPORA			on for the purpose of soliciting contributions o solicit contributions from such committee.
F	Full Name (Last, First, Middle Initial)	TION POLIT	TOAL ACTION COMMITTEE	Date of Receipt
_	Mailing Address 314 MARLDALE DRIN	/E State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	MIDDLETOWN	DE	19709	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		25.00
<u> </u>	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n STRATOR EXECUTIVE e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	225.00	
<u>J</u>	Full Name (Last, First, Middle Initial) IAMES M ADAMS Mailing Address 314 MARLDALE DRIV	/F		Date of Receipt
ıv	Mailing Address 514 MANEDALE DAIN	<i>/</i> L		05 20 2011
C	Dity	State	Zip Code	Transaction ID: SA11AI.44373
<u>N</u>	MIDDLETOWN	DE	19709	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		25.00
<u> </u>	lame of Employer GENESIS HEALTHCARE CORPOR- ATION	_ '	STRATOR EXECUTIVE	
Г	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
J	ull Name (Last, First, Middle Initial) IAMES M ADAMS			Date of Receipt
N	Mailing Address 314 MARLDALE DRIVE			06 03 2011
C	Dity	State	Zip Code	Transaction ID: SA11Al.44374
	MIDDLETOWN	DE	19709	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		25.00
<u> </u>	Jame of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	<del>, '</del>	STRATOR EXECUTIVE	
F	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 275.00	]
SIII	BTOTAL of Receipts This Page (optional) .	1		75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTEE	ITTEE	
Full Name (Last, First, Middle Initial)  JAMES M ADAMS  Mailing Address 314 MARLDALE DRIV	/E	Date of Receipt	
City	State Zip Code	0 6 1 7 2 0 1 1 Transaction ID: SA11Al.44375	
MIDDLETOWN	DE 19709	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR EXECUTIVE		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS		Date of Receipt	
Mailing Address 114 BORDEN WAY		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.45224	
LINCOLN UNIVERSITY	PA 19352	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-CUSTOMER SYSTEMS		
Receipt For: Primary General	Aggregate Year-to-Date ▼	_	
Other (specify)	220.00		
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS		Date of Receipt	
Mailing Address 114 BORDEN WAY		0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City LINCOLN UNIVERSITY	State Zip Code PA 19352	Transaction ID: SA11AI.45225	
FEC ID number of contributing federal political committee.	PA 19352	Amount of Each Receipt this Period  20.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-CUSTOMER SYSTEMS		
Receipt For: Primary General	Aggregate Year-to-Date ▼	_	
Other (specify) ▼	240.00		
		65.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPORAT	TION POLITI	CAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JEFFREY D ADAMS			Date of Receipt
Mailing Address 114 BORDEN WAY			0 6 2 4 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.45226
LINCOLN UNIVERSITY	PA	19352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-CUST	OMER SYSTEMS	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	260.00	
Full Name (Last, First, Middle Initial) HARRY H ALBERTS		Date of Receipt	
Mailing Address 213 WITTSHIRE DRIV	/E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44365
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		24.43
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRI	SIDENT-INTERNAL AUDI	<del>-</del>   г
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 219.87	
Full Name (Last, First, Middle Initial) HARRY H ALBERTS	l		Date of Receipt
Mailing Address 213 WITTSHIRE DRIV	Æ		05 13 YYYY 2011
City	State	Zip Code	Transaction ID: SA11AI.44366
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		24.43
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRI	i ESIDENT-INTERNAL AUDI	<u> </u>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 244.30	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	68.86

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)  X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)	GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE				
HARRY H ALBERTS  Mailing Address 213 WITTSHIRE DRIV	/E	Date of Receipt			
City	State Zip Code	0 5 2 7 2 0 1 1 Transaction ID: SA11AI.44367			
KENNETT SQUARE  FEC ID number of contributing federal political committee.	PA 19348	Amount of Each Receipt this Period  24.43			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-INTERNAL AUDIT				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 268.73				
Full Name (Last, First, Middle Initial) HARRY H ALBERTS Mailing Address 213 WITTSHIRE DRIV	/E	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.44368			
KENNETT SQUARE  FEC ID number of contributing federal political committee.	PA 19348	Amount of Each Receipt this Period  24.43			
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-INTERNAL AUDIT	-			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  293.16				
Full Name (Last, First, Middle Initial) HARRY H ALBERTS		Date of Receipt			
Mailing Address 213 WITTSHIRE DRIV	/E	06 24 2011			
City <u>KENNETT SQUARE</u>	State Zip Code PA 19348	Transaction ID: SA11AI.44369  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	24.43			
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VICE PRESIDENT-INTERNAL AUDIT  Aggregate Year-to-Date ▼  317.59				
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	73.29			
TOTAL This Period (last page this line number	<u> </u>				

Any information copied from such Reports and Stat or for commercial purposes, other than using the not NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST  Mailing Address 811 GRANTLEY COURT  City YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST  Mailing Address 811 GRANTLEY COURT  Mailing Address 811 GRANTLEY COURT	ame and address of any political committee to s	Date of Receipt  M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
DAVID C ALMQUIST  Mailing Address 811 GRANTLEY COURT  City YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST	State Zip Code PA 17403  C  Occupation PRESIDENT-DIVISIONAL Aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST	PA 17403  C  Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST	Occupation PRESIDENT-DIVISIONAL Aggregate Year-to-Date ▼		
INC. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST	PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼	_	
DAVID C ALMQUIST			
•	Γ	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.44213	
YORK	PA 17403	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	150.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		
Full Name (Last, First, Middle Initial) DAVID C ALMQUIST		Date of Receipt	
Mailing Address 811 GRANTLEY COURT	Mailing Address 811 GRANTLEY COURT		
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.44214	
FEC ID number of contributing federal political committee.	PA 17403	Amount of Each Receipt this Period  150.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDENT-DIVISIONAL		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
SUBTOTAL of Receipts This Page (optional)		<u> </u>	

YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Mailing Address 811 GRANTLEY COURT  Parimary General Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Aggregate Year-to-Date ▼  Primary General Occupation PRESIDENT-DIVISIONAL  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  PRESIDENT-DIVISIONAL  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.4  Transaction ID: SA11AI.4	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
AL DAVID C ALMOUIST  Mailing Address 811 GRANTLEY COURT  City State Zip Code PA 17403  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼	or for commercial purposes, other than using the nation NAME OF COMMITTEE (In Full)	ame and address of any political committee to	solicit contributions from such committee.
City State Zip Code PA 17403  FEC ID number of contributing federal political committee.  Name of Employer General Other (Last, First, Middle Initial)  DAVID C ALMOUIST  Name of Employer General Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  DAVID C ALMOUIST  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial)  DAVID C ALMOUIST  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial)  DAVID C ALMOUIST  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial)  DAVID C ALMOUIST  Amount of Each Receipt this  C  C  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  C  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt Transaction ID: SA11A1.4  Amo	DAVID C ALMQUIST	т	<b>-</b>
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES. INC.  Receipt For: Primary General Other (specify) ▼	City		
INC. Receipt For:	FEC ID number of contributing		Amount of Each Receipt this Period 150.00
Date of Receipt  Mailing Address 811 GRANTLEY COURT  City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ 1800.00  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST  Mailing Address 811 GRANTLEY COURT  City State Zip Code YORK PA 17403  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼	INC. Receipt For: Primary General	PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  1650.00	
City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  City State Zip Code YORK PA 17403  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  PRESIDENT-DIVISIONAL  Receipt For: Primary General Other (specify) ▼  City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼	DAVID C ALMQUIST	Т	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST  Mailing Address 811 GRANTLEY COURT  City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼	-		Transaction ID: SA11AI.44216
INC. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DAVID C ALMQUIST  Mailing Address 811 GRANTLEY COURT  City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Aggregate Year-to-Date ▼  Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  1800.00  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General Other (specify) ▼    1800.00		· '	
Date of Receipt  Mailing Address 811 GRANTLEY COURT  City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Date of Receipt  M M M / D D D / Y T T T T T T T T T T T T T T T T T T	Primary General		
City State Zip Code YORK PA 17403  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  O 6 2 4  Transaction ID: SA11AI.4  Amount of Each Receipt this	DAVID C ALMQUIST		Date of Receipt
YORK PA 17403  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Amount of Each Receipt this  Amount of Each Receipt this	Mailing Address 811 GRANTLEY COURT		
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General  C  Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼	-	•	Transaction ID: SA11AI.44217  Amount of Each Receipt this Period
INC.  Receipt For:  Primary  General  Aggregate Year-to-Date  1050.00		C	150.00
Primary General	INC.	PRESIDENT-DIVISIONAL	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A ( ITEMIZED REC	FEC Form 3X) EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 234 (check only one)    X   11a
or for commercial purpos  NAME OF COMMITT	es, other than using the name EE (In Full)	ents may not be sold or used by any personant and address of any political committee to POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First PAUL BACH Mailing Address 18	, Middle Initial)  FARM RIDGE COURT		Date of Receipt
City		State Zip Code	0 4 1 5 2 0 1 1 Transaction ID: SA11AI.43978
BALDWIN FEC ID number of co federal political comm	ntributing	MD 21013	Amount of Each Receipt this Period 215.38
Name of Employer GENESIS HEALTH INC. Receipt For: Primary Other (specify)	General Aç	ccupation P-SR CENTERS OPERATIONS ggregate Year-to-Date ▼ 1723.04	
Full Name (Last, First PAUL BACH Mailing Address 18	, Middle Initial)  FARM RIDGE COURT	Date of Receipt  0 4 2 9 2 0 1 1	
City		State Zip Code	Transaction ID: SA11AI.43979
BALDWIN FEC ID number of co federal political comm	ntributing	MD 21013	Amount of Each Receipt this Period 215.38
Name of Employer GENESIS HEALTH INC.		ccupation P-SR CENTERS OPERATIONS	
Receipt For: Primary Other (specify)	General	ggregate Year-to-Date ▼ 1938.42	
Full Name (Last, Firs	, Middle Initial)		Date of Receipt
Mailing Address 18	FARM RIDGE COURT	05 13 Y Y Y Y Y Y	
City BALDWIN		State Zip Code MD 21013	Transaction ID: SA11AI.43980  Amount of Each Receipt this Period
FEC ID number of co			215.38
Name of Employer GENESIS HEALTH INC.	/CNITHDEC I	ccupation P-SR CENTERS OPERATIONS	
Receipt For: Primary Other (specify)	General	ggregate Year-to-Date ▼ 2153.80	
SUBTOTAL of Receipt	This Page (optional)		646.14

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 234 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	Id Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL BACH Mailing Address 18 FARM RIDGE C  City BALDWIN  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼	Occupation VP-SR CENTERS OPERATIONS Aggregate Year-to-Date  2369.18	
Full Name (Last, First, Middle Initial) PAUL BACH Mailing Address 18 FARM RIDGE C	Date of Receipt  0 6 1 0 2 0 1 1	
City	State Zip Code	Transaction ID: SA11AI.43982
BALDWIN	MD 21013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	215.38
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2584.56	
Full Name (Last, First, Middle Initial) PAUL BACH		Date of Receipt
Mailing Address 18 FARM RIDGE C	OURT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALDWIN	State Zip Code MD 21013	Transaction ID: SA11AI.43983  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	215.38
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2799.94	
SUBTOTAL of Receipts This Page (optional	l)	646.14

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 234 (check only one)    X
or fo	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
1 <b>\</b>	GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) ALEX BELL			Date of Receipt
_	Mailing Address 1600 GARRETT ROA			0 4 1 5 2 0 1 1
	City UPPER DARBY	State PA	Zip Code 19082	Transaction ID: SA11AI.44170  Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(	n OR-REGIONAL REIMBURSI	─ EMINT
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
	Full Name (Last, First, Middle Initial) ALEX BELL			Date of Receipt
ľ	Mailing Address 1600 GARRETT ROA	D, APT. A-20	04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.44171
F	UPPER DARBY FEC ID number of contributing rederal political committee.	PA C	19082	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(	n OR-REGIONAL REIMBURSI	─ EMINT
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		360.00	
	Full Name (Last, First, Middle Initial) ALEX BELL			Date of Receipt
ľ	Mailing Address 1600 GARRETT ROAD, APT. A-204			05 13 2011
	City	State	Zip Code	Transaction ID: SA11AI.44172
F	UPPER DARBY FEC ID number of contributing rederal political committee.	C	19082	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(	n OR-REGIONAL REIMBURSI	
ſ	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	BTOTAL of Receipts This Page (optional) .			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 15 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) ALEX BELL			Date of Receipt
Mailing Address 1600 GARRETT RC	DAD, APT. A-20	04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City UPPER DARBY	State PA	Zip Code 19082	Transaction ID: SA11AI.44173  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REGIONAL REIMBURSI	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) ALEX BELL			Date of Receipt
Mailing Address 1600 GARRETT RC	OAD, APT. A-20	04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44174
UPPER DARBY  FEC ID number of contributing federal political committee.	C	19082	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	n OR-REGIONAL REIMBURSI	
ATION Receipt For:	- <del>                                    </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		480.00	
Full Name (Last, First, Middle Initial) ALEX BELL			Date of Receipt
Mailing Address 1600 GARRETT RC	OAD, APT. A-20	04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44175
UPPER DARBY  FEC ID number of contributing federal political committee.	C	19082	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REGIONAL REIMBURSI	 EMINT
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify) ▼	0 0	520.00	
			120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions of soliciting contributions from such committee.
NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA			
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH			Date of Receipt
Mailing Address 8007 YELLOWSTON	NE RD		0 4 1 5 2 0 1 1
City KINGSVILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.44044  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	── SIREG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH	1		Date of Receipt
Mailing Address 8007 YELLOWSTON			04 29 2011
City KINGSVILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.44045  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation	OR-ELDERCARE CENTERS	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH			Date of Receipt
Mailing Address 8007 YELLOWSTON	NE RD		05 13 2011
City KINGSVILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.44046  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21007	150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n DR-ELDERCARE CENTERS	── S REG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 17/234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH			Date of Receipt
Mailing Address 8007 YELLOWSTO	NE RD		05 27 2011
City KINGSVILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.44047  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH			Date of Receipt
Mailing Address 8007 YELLOWSTO	0 6 1 0 Y Y Y Y Y		
City KINGSVILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.44048
FEC ID number of contributing federal political committee.	C	21007	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTH VENTURES,	Occupation	n OR-ELDERCARE CENTERS	NREG
INC. Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) JEFFREY BERENBACH			Date of Receipt
Mailing Address 8007 YELLOWSTO	NE RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KINGSVILLE	State MD	Zip Code 21087	Transaction ID: SA11AI.44049  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2.00	150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	FREG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1950.00	
SUBTOTAL of Receipts This Page (optional	I		450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/234   (check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATI		•	
Full Name (Last, First, Middle Initial) GARY B BERNETT			Date of Receipt
Mailing Address 429 COLLEGE AVE			0 4 1 5 2 0 1 1
City	State PA	Zip Code	Transaction ID: SA11AI.44568
HAVERFORD  FEC ID number of contributing federal political committee.	C	19041	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation PHYSICI		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) GARY B BERNETT			Date of Receipt
Mailing Address 429 COLLEGE AVE			0 4 2 9 2 0 1 1
City HAVERFORD	State PA	Zip Code	Transaction ID: SA11AI.44569
FEC ID number of contributing federal political committee.	C	19041	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)			Patro ( Parairi
GARY B BERNETT  Mailing Address 429 COLLEGE AVE			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.44570
HAVERFORD FEC ID number of contributing federal political committee.	C	19041	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			150.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 234 (check only one)    X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORAT	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) GARY B BERNETT Mailing Address 429 COLLEGE AVE			Date of Receipt  0 5 2 7 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.44571
	HAVERFORD	PA	19041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼	Occupation PHYSIC Aggregate		
	Full Name (Last, First, Middle Initial)			Data of Baselin
B.	GARY B BERNETT  Mailing Address 429 COLLEGE AVE			Date of Receipt
				06 10 2011
	City	State	Zip Code	Transaction ID: SA11AI.44572
	HAVERFORD	PA	19041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio PHYSIC	IAN	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
С.	Full Name (Last, First, Middle Initial) GARY B BERNETT			Date of Receipt
	Mailing Address 429 COLLEGE AVE			0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.44573
	HAVERFORD	PA	19041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
	SUBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or f	y information copied from such Reports and S or commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	•
Α.	Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
	Mailing Address 212 ARDMORE AVEN  City	NUE State	Zip Code	0 4 1 5 2 0 1 1
	HADDONFIELD	NJ	08033	Transaction ID: SA11AI.44032  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio PRESIDI	n ENT-GEN HOSPITALITY SV	<u>/</u> S
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
В.	Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
	Mailing Address 212 ARDMORE AVEN	NUE		04 29 2011
	City	State	Zip Code	Transaction ID: SA11AI.44033
	HADDONFIELD	NJ	08033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.		ENT-GEN HOSPITALITY SV	<b>/</b> S
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
 c.	Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
	Mailing Address 212 ARDMORE AVEN	NUE		05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.44034
	HADDONFIELD  FEC ID number of contributing federal political committee.	NJ C	08033	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTH VENTURES,	Occupatio	n ENT-GEN HOSPITALITY SV	/8
	INC. Receipt For:		e Year-to-Date	<u> </u>
	Primary General Other (specify) ▼	0 0	400.00	
SI	JBTOTAL of Receipts This Page (optional)	1		120.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports and or for commercial purposes, other than using the	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR.		•	
Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
Mailing Address 212 ARDMORE AVE	NUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HADDONFIELD	State NJ	Zip Code 08033	Transaction ID: SA11AI.44035  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDE	n ENT-GEN HOSPITALITY SV	rs
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) DAVID BERTHA Mailing Address 212 ARDMORE AVE	ENUE		Date of Receipt
City	State	Zip Code	0 6 1 0 2 0 1 1 Transaction ID: SA11AI.44036
HADDONFIELD	NJ	08033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDE	n ENT-GEN HOSPITALITY SV	rs
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) DAVID BERTHA			Date of Receipt
Mailing Address 212 ARDMORE AVE	ENUE		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HADDONFIELD	State NJ	Zip Code 08033	Transaction ID: SA11AI.44037  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1	40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDE	n ENT-GEN HOSPITALITY SV	'S
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persusing the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE COF  Full Name (Last, First, Middle Initial)	RPORATION POLITICAL ACTION COMMITTE	E 
JUDITH BLINN		Date of Receipt
Mailing Address 67 BLOSSOM		0 4 1 5 2 0 1 1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1
City WINDHAM	State Zip Code NH 03087	Transaction ID: SA11AI.44400  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTHCARE CORPOL ATION	Occupation VP OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) JUDITH BLINN		Date of Receipt
Mailing Address 67 BLOSSOM	ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44401
WINDHAM	NH 03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTHCARE CORPOL ATION	Occupation VP OPERATIONS	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	315.00	
Full Name (Last, First, Middle Initial) JUDITH BLINN		Date of Receipt
Mailing Address 67 BLOSSOM	ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44402
WINDHAM	NH 03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTHCARE CORPOI ATION	VP OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	itional)	105.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 234 (check only one)    X
\	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) JUDITH BLINN Mailing Address 67 BLOSSOM ROAD			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WINDHAM	State NH	Zip Code 03087	Transaction ID: SA11AI.44403  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03007	35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		n RATIONS e Year-to-Date ▼ 385.00	]
- 3.	Full Name (Last, First, Middle Initial)  JUDITH BLINN  Mailing Address 67 BLOSSOM ROAD			Date of Receipt  0 6 1 0 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11Al.44404
	WINDHAM	NH	03087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPEI	n RATIONS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
	Full Name (Last, First, Middle Initial) JUDITH BLINN			Date of Receipt
	Mailing Address 67 BLOSSOM ROAD			0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.44405
	WINDHAM  FEC ID number of contributing federal political committee.	C	03087	Amount of Each Receipt this Period  35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPEI	n RATIONS	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 455.00	
	SUBTOTAL of Receipts This Page (optional) .	1		105.00

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)  X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT			
Full Name (Last, First, Middle Initial) RICHARD P BLINN			Date of Receipt
Mailing Address 67 BLOSSOM ROAD			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44685
WINDHAM	NH	03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio EXECUT	n IVE VICE PRESIDENT	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1200.00	
Full Name (Last, First, Middle Initial) RICHARD P BLINN			Date of Receipt
Mailing Address 67 BLOSSOM ROAD			04 29 2011
City	State	Zip Code	Transaction ID: SA11AI.44686
WINDHAM	NH	03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio EXECUT	n IVE VICE PRESIDENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	]
Full Name (Last, First, Middle Initial) RICHARD P BLINN			Date of Receipt
Mailing Address 67 BLOSSOM ROAD			05 13 YYYY 2011
City	State	Zip Code	Transaction ID: SA11AI.44687
WINDHAM	NH	03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio EXECUT	n IVE VICE PRESIDENT	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		450.00

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)  X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD P BLINN  Mailing Address 67 BLOSSOM ROAD  City WINDHAM  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NH 03087  C  Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date	Date of Receipt  M M M / 27 / 2011  Transaction ID: SA11AI.44688  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) RICHARD P BLINN Mailing Address 67 BLOSSOM ROAD  City WINDHAM  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NH 03087  C  Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date  1800.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44689  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) RICHARD P BLINN  Mailing Address 67 BLOSSOM ROAD  City WINDHAM  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NH 03087  C  Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	450.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 234   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN			Date of Receipt
Mailing Address 11 CONCORD WAY	,		0 4 1 5 2 0 1 1
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.44310  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10017	75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN			Date of Receipt
Mailing Address 11 CONCORD WAY	,		0 4 2 9 2 0 1 1
CHARRESTORR	State PA	Zip Code	Transaction ID: SA11AI.44311
CHADDS FORD  FEC ID number of contributing federal political committee.	C	19317	Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN			Date of Receipt
Mailing Address 11 CONCORD WAY	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.44312  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10017	75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	<del>_ ' '</del>	GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	1		225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee to a street the street street and sold political committee to a street street and sold political actions.	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN		Date of Receipt
Mailing Address 11 CONCORD WAY  City	State Zip Code	0 5 2 7 2 0 1 1  Transaction ID: SA11AI.44313
CHADDS FORD	PA 19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN	1	Date of Receipt
Mailing Address 11 CONCORD WAY		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.44314
CHADDS FORD	PA 19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) EDWARD J BOEGGEMAN		Date of Receipt
Mailing Address 11 CONCORD WAY		0 6 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44315
CHADDS FORD	PA 19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & REGIONAL CONTROLLER	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  975.00	
SUBTOTAL of Receipts This Page (optional) .		225.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 234 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH B BOURNE JR.  Mailing Address 16 PERRY RIDGE CO			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE  FEC ID number of contributing federal political committee.	State MD	Zip Code 21237	Transaction ID: SA11AI.44936  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION  Receipt For:  Primary General  Other (specify) ▼		n D CARE REVENUE DEVLO Year-to-Date ▼ 400.00	PMNT
Full Name (Last, First, Middle Initial) JOSEPH B BOURNE JR.  Mailing Address 16 PERRY RIDGE CO	DURT		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE FEC ID number of contributing	State MD	Zip Code 21237	Transaction ID: SA11AI.44937  Amount of Each Receipt this Period
rederal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	<del>, '</del>	n D CARE REVENUE DEVLO Year-to-Date ▼ 450.00	PMNT
Full Name (Last, First, Middle Initial) JOSEPH B BOURNE JR.  Mailing Address 16 PERRY RIDGE CO	DURT		Date of Receipt
City BALTIMORE	State MD	Zip Code 21237	Transaction ID: SA11AI.44938  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	<del>, '</del>	n D CARE REVENUE DEVLO e Year-to-Date ▼ 500.00	PMNT
SUBTOTAL of Receipts This Page (optional) .	•		150.00

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)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH B BOURNE JR.  Mailing Address 16 PERRY RIDGE CC	DURT		Date of Receipt  Date of Receipt  2 7 2 0 1 1
City BALTIMORE	State MD	Zip Code 21237	Transaction ID: SA11AI.44939  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  □ Primary □ General □ Other (specify) ▼	_	n D CARE REVENUE DEVLO Year-to-Date ▼ 550.00	DPMNT
Full Name (Last, First, Middle Initial) JOSEPH B BOURNE JR. Mailing Address 16 PERRY RIDGE CC	DURT		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.44940
BALTIMORE  FEC ID number of contributing federal political committee.	MD C	21237	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		n D CARE REVENUE DEVLC Year-to-Date ▼ 600.00	DPMNT
Full Name (Last, First, Middle Initial) JOSEPH B BOURNE JR.			Date of Receipt
Mailing Address 16 PERRY RIDGE CC	DURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE	State MD	Zip Code 21237	Transaction ID: SA11AI.44941  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SVP-MG	n D CARE REVENUE DEVLO	DPMNT
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)	-		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and addre	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBIN BROWN Mailing Address 22 MOLLY LANE			Date of Receipt
	Ctata	7:n Codo	04 29 2011
City SEBAGO	State ME	Zip Code 04029	Transaction ID: SA11AI.45270  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	1	R-CLINICAL REIMBURSEI ear-to-Date ▼	MENT
Full Name (Last, First, Middle Initial) ROBIN BROWN Mailing Address 22 MOLLY LANE	0 0 0		Date of Receipt
City	State	Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11AI.45271
SEBAGO  FEC ID number of contributing federal political committee.	ME C	04029	Amount of Each Receipt this Period 25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		R-CLINICAL REIMBURSEI ear-to-Date ▼ 250.00	MENT
Full Name (Last, First, Middle Initial) ROBIN BROWN			Date of Receipt
Mailing Address 22 MOLLY LANE			05 27 2011
City	State	Zip Code	Transaction ID: SA11AI.45272
SEBAGO  FEC ID number of contributing federal political committee.	ME C	04029	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		R-CLINICAL REIMBURSEI	MENT
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)			75.00

NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORP  Full Name (Last, First, Middle Initial) ROBIN BROWN	and Statements may not be sold or used by any ing the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
GENESIS HEALTHCARE CORP  Full Name (Last, First, Middle Initial)  ROBIN BROWN	PORATION POLITICAL ACTION COMMIT	
ROBIN BROWN		TEE
		Date of Receipt
Mailing Address 22 MOLLY LANE	<u> </u>	06 10 2011
City	State Zip Code	Transaction ID: SA11AI.45273
SEBAGO	ME 04029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	
ATION	WANAGER-CLINICAL REIMBUR	RSEMENT
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Cutor (specify)	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) ROBIN BROWN		Date of Receipt
Mailing Address 22 MOLLY LANE	<u> </u>	0 6 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.45274
SEBAGO	ME 04029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation MANAGER-CLINICAL REIMBUR	RSEMENT
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) MARSHA J BUTLER		Date of Receipt
Mailing Address 2222 EBBVALE	ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44734
MANCHESTER	MD 21102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA SALES & MARKETING	G
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	

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)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) MARSHA J BUTLER			Date of Receipt
Mailing Address 2222 EBBVALE ROA	D		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MANCHESTER	State MD	Zip Code 21102	Transaction ID: SA11AI.44735  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21102	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-ARE	n A SALES & MARKETING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARSHA J BUTLER			Date of Receipt
Mailing Address 2222 EBBVALE ROA	D		05 27 YYYY
City MANCHESTER	State MD	Zip Code	Transaction ID: SA11AI.44736
FEC ID number of contributing federal political committee.	C	21102	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-ARE	n A SALES & MARKETING	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) MARSHA J BUTLER			Date of Receipt
Mailing Address 2222 EBBVALE ROA	D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MANCHESTER	State MD	Zip Code 21102	Transaction ID: SA11AI.44737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21102	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>-                                     </del>	A SALES & MARKETING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).			75.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORT	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARSHA J BUTLER  Mailing Address 2222 EBBVALE RO.	AD		Date of Receipt  0 6 2 4 2 0 1 1
City MANCHESTER	State MD	Zip Code 21102	Transaction ID: SA11AI.44738  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>-   '</del>	n A SALES & MARKETING e Year-to-Date ▼ 325.00	]
Full Name (Last, First, Middle Initial) ROBERT M CANNON Mailing Address 2408 LANDON DRIV	VE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44407
WILMINGTON	DE	19810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		OR-ACCOUNTING	
Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	]
Full Name (Last, First, Middle Initial) ROBERT M CANNON			Date of Receipt
Mailing Address 2408 LANDON DRIV	VE		05 13 7 2011
City	State	Zip Code	Transaction ID: SA11AI.44408
WILMINGTON  FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del></del>	OR-ACCOUNTING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	\		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the uiled Summary Page	FOR LINE NUMBER: PAGE 34 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	name and address of	any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT M CANNON Mailing Address 2408 LANDON DRIVE  City WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General		o-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44409  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) ROBERT M CANNON Mailing Address 2408 LANDON DRIVE  City WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)			Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44410  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) ROBERT M CANNON  Mailing Address 2408 LANDON DRIVE  City WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip		Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11Al.44411  Amount of Each Receipt this Period  25.00
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	75.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 234 (check only one)    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leslie Cavicchi Mailing Address 27 Christy Lane  City Ashland  FEC ID number of contributing federal political committee.  Name of Employer Genesis HealthCare Corporation  Receipt For:  Primary General Other (specify)	State Zip Code MA 01721-2143  C  Occupation VP Contracting Dept.  Aggregate Year-to-Date  320.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 5 2 0 1 1  Transaction ID: SA11AI.44911  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Leslie Cavicchi Mailing Address 27 Christy Lane  City Ashland  FEC ID number of contributing federal political committee.  Name of Employer Genesis HealthCare Corporation  Receipt For:  Primary General Other (specify)	State Zip Code MA 01721-2143  C  Occupation VP Contracting Dept.  Aggregate Year-to-Date ▼  360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Leslie Cavicchi  Mailing Address 27 Christy Lane  City Ashland  FEC ID number of contributing federal political committee.  Name of Employer Genesis HealthCare Corporation  Receipt For:  Primary General Other (specify)	State Zip Code MA 01721-2143  C  Occupation VP Contracting Dept.  Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: SA11AI.44913  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)		120.00

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 36 / 234 (check only one)    X
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPOR	ATION POLITICAL	ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) Leslie Cavicchi			Date of Receipt
Mailing Address 27 Christy Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: SA11AI.44914
Ashland	MA	01721-2143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Genesis HealthCare Corpor- ation	Occupation VP Contracting	na Dept.	
Receipt For:	Aggregate Year	<u> </u>	
Primary General Other (specify) ▼		440.00	
Full Name (Last, First, Middle Initial) Leslie Cavicchi			Date of Receipt
Mailing Address 27 Christy Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44915
Ashland	MA	01721-2143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Genesis HealthCare Corpor- ation	Occupation VP Contracting	ng Dept.	
Receipt For:	Aggregate Year	<u> </u>	
Primary General Other (specify) ▼		480.00	
Full Name (Last, First, Middle Initial) Leslie Cavicchi			Date of Receipt
Mailing Address 27 Christy Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44916
Ashland	MA	01721-2143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Genesis HealthCare Corpor- ation	Occupation VP Contractin	ng Dept.	
Receipt For:	Aggregate Year	·	
Primary General Other (specify) ▼		520.00	
UBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other that  NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any nusing the name and address of any political committee of the political political committee of the political polit	tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initia RICHARD E CODY Mailing Address 106 DANFOF	l)	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WILIMINGTON	State Zip Code DE 19810	Transaction ID: SA11AI.44237  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPATION Receipt For:	Occupation DIRECTOR-INFORMATION SYS  Aggregate Year-to-Date	46.00 STEMS 2
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initia	368.00	***************************************
RICHARD E CODY  Mailing Address 106 DANFOF	*	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.44238
WILIMINGTON  FEC ID number of contributing federal political committee.	DE 19810	Amount of Each Receipt this Period 46.00
Name of Employer GENESIS HEALTHCARE CORP ATION Receipt For:	Occupation DIRECTOR-INFORMATION SYS  Aggregate Year-to-Date	STEMS 2
Primary General Other (specify) ▼	414.00	
Full Name (Last, First, Middle Initia RICHARD E CODY Mailing Address 106 DANFOR	· 	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44239
WILIMINGTON	DE 19810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.00
Name of Employer GENESIS HEALTHCARE CORP ATION Receipt For:	Occupation DIRECTOR-INFORMATION SYS  Aggregate Year-to-Date	STEMS 2
Primary General Other (specify) ▼	460.00	
CURTOTAL of Develop Title S	optional)	138.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD E CODY  Mailing Address 106 DANFORTH PL	ACE		Date of Receipt
City WILIMINGTON FEC ID number of contributing	State DE	Zip Code 19810	Transaction ID: SA11AI.44240  Amount of Each Receipt this Period
federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  □ Primary □ General □ Other (specify) ▼		n OR-INFORMATION SYSTEM Year-to-Date ▼ 506.00	46.00 MS 2
Full Name (Last, First, Middle Initial) RICHARD E CODY Mailing Address 106 DANFORTH PL	ACE		Date of Receipt  0 6 1 0 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44241
WILIMINGTON  FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 46.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>-   '</del>	n DR-INFORMATION SYSTEM Year-to-Date ▼ 552.00	MS 2
Full Name (Last, First, Middle Initial) RICHARD E CODY			Date of Receipt
Mailing Address 106 DANFORTH PL	ACE		06 24 2011
City	State	Zip Code	Transaction ID: SA11AI.44242
WILIMINGTON  FEC ID number of contributing federal political committee.	C	19810	Amount of Each Receipt this Period 46.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n OR-INFORMATION SYSTEM • Year-to-Date ▼	MS 2
Primary General Other (specify) ▼	Aggregate	598.00	]
SUBTOTAL of Receipts This Page (optional)	<b>L</b>	_	138.00

Mailing Address 109 JILLIAN WAY  City State Zip Code Transa Amour  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼ Cull Name (Last, First, Middle Initial)  MiCHELLE L COSTA Mailing Address 109 JILLIAN WAY  City State Zip Code Transa Amour  FEC ID number of contributing federal political committee.  Cull Name (Last, First, Middle Initial)  MiCHELLE L COSTA Mailing Address 109 JILLIAN WAY  City State Zip Code Transa Amour  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼ Aggregate Year-to-Date ▼  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Cull Name (Last, First, Middle Initial)  MiCHELLE L COSTA Mailing Address 109 JILLIAN WAY  City State Zip Code Transa Amour  Aggregate Year-to-Date ▼  Date or  Mailing Address 109 JILLIAN WAY  City State Zip Code Transa Amour  City State Zip Code Transa Amour  End IN Ame (Last, First, Middle Initial)  MiCHELLE L COSTA Aggregate Year-to-Date ▼  Occupation VP-CLINICAL OPERATIONS  Aggregate Year-to-Date ▼  Occupation VP-CLINICAL OPERATIONS  Aggregate Year-to-Date ▼  Occupation VP-CLINICAL OPERATIONS  Amour Of Employer General Occupation VP-CLINICAL OPERATIONS  Amour Of Employer General Occupation VP-CLINICAL OPERATIONS  Amour Occupat	NE NUMBER: PAGE 39 / 234 only one)  a 11b 11c 12 12 15 16
MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City  WESTPORT  FEC ID number of contributing federal political committee.  Primary  General  Other (specify) ▼  FUI Name of Employer General political committee.  C  C  C  City  State Zip Code Transa  Amour  Ad0.00  Date of Cocupation VP-CLINICAL OPERATIONS  Aggregate Year-to-Date ▼  Transa  Mailing Address 109 JILLIAN WAY  City  State Zip Code MA 02790  Transa  MESTPORT  MA 02790  FUI Name (Last, First, Middle Initial) MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City  State Zip Code MA 02790  Transa  MCHELIE L COSTA  Mailing Address 109 JILLIAN WAY  City  State Zip Code MA 02790  Transa  Amour  FEC ID number of contributing federal political committee.  C  Sccupation VP-CLINICAL OPERATIONS  Aggregate Year-to-Date ▼  Date or  MA 02790  Full Name (Last, First, Middle Initial) MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City  State Zip Code MA 02790  Full Name (Last, First, Middle Initial) MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City  State Zip Code MA 02790  Full Name (Last, First, Middle Initial) MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City  State Zip Code MA 02790  Transa  Amour  FEC ID number of contributing federal political committee.  C  C  Occupation VP-CLINICAL OPERATIONS  Amour  FEC ID number of contributing federal political committee.  Occupation VP-CLINICAL OPERATIONS  Amour  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION.  Receipt For: Primary General	urpose of soliciting contributions ributions from such committee.
Other (specify) ▼  Full Name (Last, First, Middle Initial) MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City State Zip Code Transa WESTPORT MA 02790  Amount  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼  City State Zip Code VP-CLINICAL OPERATIONS Aggregate Year-to-Date ▼  Date or  Mailing Address 109 JILLIAN WAY  City State Zip Code Mailing Address 109 JILLIAN WAY  City State Zip Code Mailing Address 109 JILLIAN WAY  City State Zip Code Mailing Address 109 JILLIAN WAY  City City City State Zip Code Mailing Address 109 JILLIAN WAY  City Occupation VP-CLINICAL OPERATIONS Aggregate Year-to-Date ▼  Occupation VP-CLINICAL OPERATIONS Aggregate Year-to-Date ▼  Occupation VP-CLINICAL OPERATIONS Aggregate Year-to-Date ▼	of Receipt  M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WESTPORT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY   City State Zip Code  MA 02790  MA 02790  Date or  May Mailing Address 109 JILLIAN WAY   City State Zip Code  MA 02790  Transa  WESTPORT  MA 02790  C  Name of Employer GENESIS HEALTHCARE CORPORATIONS  Receipt For:  Name of Employer GENESIS HEALTHCARE CORPORATIONS  Receipt For:  Primary General  Amount  Aggregate Year-to-Date ▼  Occupation  VP-CLINICAL OPERATIONS  Aggregate Year-to-Date ▼	of Receipt  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MICHELLE L COSTA  Mailing Address 109 JILLIAN WAY  City State Zip Code WESTPORT MA 02790  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General  Date of  Occupation VP-CLINICAL OPERATIONS Aggregate Year-to-Date ▼	saction ID: SA11AI.44638 unt of Each Receipt this Period 50.00
ATION  Receipt For:  Primary  General  Aggregate Year-to-Date  ✓	of Receipt  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ 500.00	150.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 234 (check only one)    X
	oied from such Reports and Sourposes, other than using the MITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/		TION POLIT	ICAL ACTION COMMITTEE	
MICHELLE L CO				Date of Receipt
City	109 JILLIAN WAY	State	Zip Code	0 5 2 7 2 0 1 1 Transaction ID: SA11AI.44640
<u>WESTPORT</u>		MA	02790	Amount of Each Receipt this Period
FEC ID number federal political		С		50.00
Name of Emplo GENESIS HEA ATION	yer LTHCARE CORPOR-	Occupation VP-CLIN	n ICAL OPERATIONS	
Receipt For:	General	Aggregate	Year-to-Date ▼	1
Other (sp	ecify) 🔻	0 0	550.00	
Full Name (Las	r, First, Middle Initial) DSTA			Date of Receipt
Mailing Address	109 JILLIAN WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.44641
WESTPORT		MA	02790	Amount of Each Receipt this Period
FEC ID number federal political		C		50.00
ATION	yer LTHCARE CORPOR-	Occupation VP-CLIN	1 ICAL OPERATIONS	
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	
Other (sp			600.00	
Full Name (Las MICHELLE L CO	r, First, Middle Initial) DSTA			Date of Receipt
Mailing Address	109 JILLIAN WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.44642
WESTPORT		MA	02790	Amount of Each Receipt this Period
FEC ID number federal political		C		50.00
ATION	yer LTHCARE CORPOR-		ICAL OPERATIONS	
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	
Other (sp			650.00	
		l	<b>\</b>	150.00

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)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	statements may not be sold or used by any person ename and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARY T CROTTY  Mailing Address 6 MUNROE DRIVE  City  ROCKPORT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify)	State Zip Code MA 01966  C Occupation VP-QUALITY IMPROVEMENT Aggregate Year-to-Date  280.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  MARY T CROTTY  Mailing Address 6 MUNROE DRIVE  City  ROCKPORT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify)	State Zip Code MA 01966  C  Occupation VP-QUALITY IMPROVEMENT Aggregate Year-to-Date  315.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 2 9 2 0 1 1  Transaction ID: SA11AI.44810  Amount of Each Receipt this Period  35.00
Full Name (Last, First, Middle Initial)  MARY T CROTTY  Mailing Address 6 MUNROE DRIVE  City  ROCKPORT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify)	State Zip Code MA 01966  C  Occupation VP-QUALITY IMPROVEMENT  Aggregate Year-to-Date  350.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 42 / 234 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA			
Full Name (Last, First, Middle Initial)	ATION I OLITICAL		
Mailing Address 6 MUNROE DRIVE			Date of Receipt  0 5 2 7 2 0 1 1
City		Zip Code	Transaction ID: SA11AI.44812
ROCKPORT  FEC ID number of contributing	C	01966	Amount of Each Receipt this Period 35.00
federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	IMPROVEMENT	
ATION Receipt For:  Primary General  Other (specify) ▼	Aggregate Year		
Full Name (Last, First, Middle Initial)  MARY T CROTTY			Date of Receipt
Mailing Address 6 MUNROE DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ROCKPORT	State MA	Zip Code 01966	Transaction ID: SA11AI.44813  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-QUALITY	IMPROVEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 420.00	]
Full Name (Last, First, Middle Initial) MARY T CROTTY			Date of Receipt
Mailing Address 6 MUNROE DRIVE			0 6 2 4 2 0 1 1
City ROCKPORT	State MA	Zip Code 01966	Transaction ID: SA11AI.44814  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-QUALITY	IMPROVEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 455.00	
SUBTOTAL of Receipts This Page (optional)	1		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)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR		•	
Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
Mailing Address 230 WICKERSHAM	ROAD		M M / D D / Y Y Y Y Y O D D / 2011
City OXFORD	State PA	Zip Code 19363	Transaction ID: SA11AI.45104  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-CLINICAL AUDIT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00	
Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
Mailing Address 230 WICKERSHAM	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.45105
OXFORD  FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	n OR-CLINICAL AUDIT	
ATION Receipt For:  Primary General  Other (specify) ▼	<del>_ , '</del>	e Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) M. ELLEN CULLEN			Date of Receipt
Mailing Address 230 WICKERSHAM	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OXFORD	State	Zip Code	Transaction ID: SA11AI.45106
FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_, -	OR-CLINICAL AUDIT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
	)		75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 234 (check only one)    X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and add	dress of any political committee to	o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) KENNETH CULLEROT			Date of Receipt
	Mailing Address 44 TANGLEWOOD DI		7's Oads	04 15 2011
	City <u>HENNIKER</u>	State NH	Zip Code 03242	Transaction ID: SA11AI.43990  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		GIONAL CONTROLLER  e Year-to-Date   400.00	]
	Full Name (Last, First, Middle Initial) KENNETH CULLEROT Mailing Address 44 TANGLEWOOD DI	RIVE		Date of Receipt  0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.43991
	HENNIKER	NH	03242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP & RE	n GIONAL CONTROLLER	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	
	Full Name (Last, First, Middle Initial) KENNETH CULLEROT Mailing Address 44 TANGLEWOOD DI	RIVE		Date of Receipt  0 5 1 3 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.43992
	HENNIKER  FEC ID number of contributing federal political committee.	C	03242	Amount of Each Receipt this Period  50.00
	Name of Employer GENESIS HEALTH VENTURES, INC.		GIONAL CONTROLLER	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than usin	and Statements may not be sold or used by any period the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH CULLEROT  Mailing Address 44 TANGLEWOO  City HENNIKER  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	State Zip Code NH 03242  C  Occupation VP & REGIONAL CONTROLLER  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify)  Full Name (Last, First, Middle Initial) KENNETH CULLEROT Mailing Address 44 TANGLEWOO  City HENNIKER FEC ID number of contributing federal political committee.	D DRIVE  State Zip Code NH 03242	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 10 2011  Transaction ID: SA11AI.43994  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation VP & REGIONAL CONTROLLER  Aggregate Year-to-Date   600.00	
KENNETH CULLEROT  Mailing Address 44 TANGLEWOO  City  HENNIKER  FEC ID number of contributing federal political committee.	D DRIVE  State Zip Code  NH 03242	Date of Receipt  M M M / D D / Y Y Y Y Y Y  O 6 2 4 2 0 1 1  Transaction ID: SA11AI.43995  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation VP & REGIONAL CONTROLLER  Aggregate Year-to-Date ▼  650.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any personance and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM Mailing Address 831 FOUR STREAMS		Date of Receipt  O 4  D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.44442  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 19302	50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation DIRECTOR-CENTRAL BUSINESS O Aggregate Year-to-Date  400.00	FFC
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM Mailing Address 831 FOUR STREAMS	DRIVE	Date of Receipt  0 4 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11Al.44443
WEST CHESTER	PA 19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS O	FFC
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM		Date of Receipt
Mailing Address 831 FOUR STREAMS		05 13 7 2011
City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.44444  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 19302	50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CENTRAL BUSINESS O	FFC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 47/234   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM			Date of Receipt
Mailing Address 831 FOUR STREAM	MS DRIVE		05 27 2011
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.44445  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-CENTRAL BUSINESS O	── PFFC
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) JEFF CUNNINGHAM			Date of Receipt
Mailing Address 831 FOUR STREAM	MS DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44446
WEST CHESTER  FEC ID number of contributing federal political committee.	C	19382	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTH VENTURES,	Occupation	n OR-CENTRAL BUSINESS O	─ DEFC
INC. Receipt For: Primary General Other (specify) ▼	- <del>- '</del>	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
JEFF CUNNINGHAM  Mailing Address 831 FOUR STREAM	MS DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.44447
FEC ID number of contributing federal political committee.	C	19302	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-CENTRAL BUSINESS O	DFFC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optiona	1		150.00

# SCHEDULE A (FEC Form 3X)

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)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to  ATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAULA D'AMICO  Mailing Address 12 FLYWAY DRIVE  City NEWTOWN SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19073  C  Occupation VP-PROJECT MANAGEMENT Aggregate Year-to-Date  640.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 5 2 0 1 1  Transaction ID: SA11AI.45012  Amount of Each Receipt this Period  80.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) PAULA D'AMICO  Mailing Address 12 FLYWAY DRIVE  City  NEWTOWN SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code PA 19073  C  Occupation VP-PROJECT MANAGEMENT Aggregate Year-to-Date ▼	Date of Receipt  M M / 29 / 2011  Transaction ID: SA11AI.45013  Amount of Each Receipt this Period  80.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) PAULA D'AMICO  Mailing Address 12 FLYWAY DRIVE  City NEWTOWN SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION	State Zip Code PA 19073  C  Occupation VP-PROJECT MANAGEMENT	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 3 2 0 1 1  Transaction ID: SA11AI.45014  Amount of Each Receipt this Period  80.00
Receipt For: Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼  800.00	240.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
or fo	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	name and add	dress of any political committee to	solicit contributions from such committee.
<u> </u>  1  -	Full Name (Last, First, Middle Initial) PAULA D'AMICO Mailing Address 12 FLYWAY DRIVE City	State	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	NEWTOWN SQUARE FEC ID number of contributing federal political committee.	C	19073	Amount of Each Receipt this Period 80.00
1	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)		DECT MANAGEMENT  Year-to-Date ▼  880.00	
<u> </u>	Full Name (Last, First, Middle Initial) PAULA D'AMICO Mailing Address 12 FLYWAY DRIVE			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.45016
- F	NEWTOWN SQUARE FEC ID number of contributing rederal political committee.	C	19073	Amount of Each Receipt this Period  80.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	. '	DECT MANAGEMENT  9 Year-to-Date   960.00	
_	Full Name (Last, First, Middle Initial) PAULA D'AMICO Mailing Address 12 FLYWAY DRIVE			Date of Receipt
(	City	State	Zip Code	0 6 2 4 2 0 1 1 Transaction ID: SA11Al.45017
F	NEWTOWN SQUARE FEC ID number of contributing federal political committee.	C	19073	Amount of Each Receipt this Period 80.00
1	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		JECT MANAGEMENT	
·	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	
SII	BTOTAL of Receipts This Page (optional)	I		240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 50 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORAT	name and address of any po	olitical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEITH DAVIS  Mailing Address 33 RICKLAND DRIVE  City SEWELL  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08080  C  Occupation DIRECTOR-REIMBU Aggregate Year-to-Date	RSEMENT	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KEITH DAVIS  Mailing Address 33 RICKLAND DRIVE  City SEWELL  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08080  C  Occupation DIRECTOR-REIMBU Aggregate Year-to-Date	RSEMENT	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KEITH DAVIS  Mailing Address 33 RICKLAND DRIVE  City SEWELL  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For: Primary General Other (specify)	State Zip Code NJ 08080  C  Occupation DIRECTOR-REIMBU Aggregate Year-to-Date	RSEMENT	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		·····	600.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	ne name and addr	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  KEITH DAVIS  Mailing Address 33 RICKLAND DRIVE			Date of Receipt
City SEWELL FEC ID number of contributing	State NJ	Zip Code 08080	Transaction ID: SA11AI.44190  Amount of Each Receipt this Period
Rame of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary  Other (specify) ▼		R-REIMBURSEMENT Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) KEITH DAVIS Mailing Address 33 RICKLAND DRIVE	<u> </u>		Date of Receipt  0 5 2 7 2 0 1 1
City SEWELL FEC ID number of contributing	State NJ	Zip Code 08080	Transaction ID: SA11AI.44191  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  Other (specify)  Gederal political committee.  Rame of Employer GENESIS HEALTHCARE CORPOR- ATION  Receipt For:  General  Other (specify) ▼	Occupation DIRECTO	R-REIMBURSEMENT Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) KEITH DAVIS Mailing Address 33 RICKLAND DRIVE	<u>'</u>		Date of Receipt
City SEWELL FEC ID number of contributing federal political committee.	State NJ	Zip Code 08080	Transaction ID: SA11AI.44192  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>-                                    </del>	R-REIMBURSEMENT Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) KEITH DAVIS Mailing Address 33 RICKLAND DRIVE		Date of Receipt
City	State Zip Code	0 6 2 4 2 0 1 1 Transaction ID: SA11AI.44193
<u>SEWELL</u>	NJ 08080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-REIMBURSEMENT	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1165.00	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER		Date of Receipt
Mailing Address 1 DUBB DRIVE		0 4
City	State Zip Code DE 19702	Transaction ID: SA11AI.44298
NEWARK FEC ID number of contributing federal political committee.	DE 19702	Amount of Each Receipt this Period  55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING	SYS
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER		Date of Receipt
Mailing Address 1 DUBB DRIVE		04 29 2011
City <u>NEWARK</u>	State Zip Code DE 19702	Transaction ID: SA11AI.44299  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING	sys
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	
SUBTOTAL of Receipts This Page (optional)		175.00

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)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA	ATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER Mailing Address 1 DUBB DRIVE		Date of Receipt
City	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11AI.44300
NEWARK	DE 19702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING S	sys
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER Mailing Address 1 DURB DRIVE	I.	Date of Receipt
Mailing Address 1 DUBB DRIVE		05 27 2011
City NEWARK	State Zip Code DE 19702	Transaction ID: SA11AI.44301
FEC ID number of contributing federal political committee.	C 19702	Amount of Each Receipt this Period  55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING S	SYS
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	605.00	
Full Name (Last, First, Middle Initial) CAROLYN DIEFENDERFER		Date of Receipt
Mailing Address 1 DUBB DRIVE		06 10 2011
City NEWARK	State Zip Code DE 19702	Transaction ID: SA11AI.44302  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING S	- sys
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optional) .		165.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 234 (check only one)    X	
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initia CAROLYN DIEFENDERFER		Date of Receipt	
Mailing Address 1 DUBB DRIN	State Zip Code	0 6 2 4 2 0 1 1 Transaction ID: SA11AI.44303	
NEWARK	DE 19702	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	55.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-CORPORATE BILLING	sys	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		
Full Name (Last, First, Middle Initia THOMAS DIVITTORIO	,	Date of Receipt	
Mailing Address 20 SHEFFIEL	Mailing Address 20 SHEFFIELD DRIVE		
City	State Zip Code	Transaction ID: SA11AI.44526	
WEST GROVE	PA 19390	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	192.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE CONTRO	<u>LL</u> ER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00		
Full Name (Last, First, Middle Initia	J	Date of Receipt	
Mailing Address 20 SHEFFIEL	D DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.44527	
WEST GROVE	PA 19390	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	192.00	
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & ASST CORPORATE CONTRO	LLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.00		
	•	439.00	

# SCHEDULE A (FEC Form 3X)

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)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO  Mailing Address 20 SHEFFIELD DRIVI  City WEST GROVE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.	State Zip Code PA 19390  C  Occupation VP & ASST CORPORATE CONTRO	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO Mailing Address 20 SHEFFIELD DRIV	E	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44529
WEST GROVE FEC ID number of contributing federal political committee.	PA 19390	Amount of Each Receipt this Period  192.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP & ASST CORPORATE CONTRO Aggregate Year-to-Date  2112.00	LLER
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO		Date of Receipt
Mailing Address 20 SHEFFIELD DRIV	E	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44530
WEST GROVE  FEC ID number of contributing federal political committee.	PA 19390	Amount of Each Receipt this Period 192.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation VP & ASST CORPORATE CONTRO Aggregate Year-to-Date  2304.00	LLER
SUBTOTAL of Receipts This Page (optional) .		576.00
TOTAL This Period (last page this line number	r only)	

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 56 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) THOMAS DIVITTORIO			Date of Receipt
Mailing Address 20 SHEFFIELD DRIV	VE		M M / D D / Y Y Y Y Y O D D / 24 2011
City WEST GROVE	State PA	Zip Code 19390	Transaction ID: SA11AI.44531  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP & AS	n ST CORPORATE CONTRO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2496.00	
Full Name (Last, First, Middle Initial) MARY T DOUGHERTY			Date of Receipt
Mailing Address 1300 NEW YORK A	VE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MANASQUAN	State NJ	Zip Code 08736	Transaction ID: SA11AI.44451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	007.00	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation	n OR-HOSPITALITY SERVICE	<del>-</del> ES
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) MARY T DOUGHERTY			Date of Receipt
Mailing Address 1300 NEW YORK A	VE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MANASQUAN	State NJ	Zip Code 08736	Transaction ID: SA11AI.44452  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00730	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-HOSPITALITY SERVICE	ES
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
			232.00

# SCHEDULE A (FEC Form 3X)

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)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person he name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARY T DOUGHERTY	ATTORY TO SETTION E NOTION TO WINNITTEE	Date of Receipt
Mailing Address 1300 NEW YORK A	VE State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MANASQUAN	NJ 08736	Transaction ID: SA11AI.44453  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼	Occupation DIRECTOR-HOSPITALITY SERVICE Aggregate Year-to-Date  260.00	S
Full Name (Last, First, Middle Initial) JOSEPH DVORAK Mailing Address 1408 CHESAPEAKE	AVE	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.43924
BALTIMORE	MD 21220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) JOSEPH DVORAK	-	Date of Receipt
Mailing Address 1408 CHESAPEAKE	AVE	04 29 2011
City	State Zip Code MD 21220	Transaction ID: SA11AI.43925
BALTIMORE FEC ID number of contributing federal political committee.	MD 21220	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIMBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 234 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORT	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH DVORAK Mailing Address 1408 CHESAPEAK	E AVE		Date of Receipt
City BALTIMORE	State MD	Zip Code 21220	Transaction ID: SA11AI.43926  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	1	n MBURSEMENT e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) JOSEPH DVORAK Mailing Address 1408 CHESAPEAK	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.43927
BALTIMORE	MD	21220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			50.00
Name of Employer GENESIS HEALTH VENTURES, INC.		IBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	]
Full Name (Last, First, Middle Initial) JOSEPH DVORAK	•		Date of Receipt
Mailing Address 1408 CHESAPEAK	Œ AVE		06 10 2011
City	State	Zip Code	Transaction ID: SA11AI.43928
BALTIMORE  FEC ID number of contributing federal political committee.	MD C	21220	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTH VENTURES, INC.		IBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al)		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JOSEPH DVORAK			Date of Receipt
Mailing Address 1408 CHESAPEAKE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City BALTIMORE	State MD	Zip Code 21220	Transaction ID: SA11AI.43929  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-REIM	n IBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) SHAWN P EDDY			Date of Receipt
Mailing Address 5109 BRIAR MEADO	05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City CROSS LANES	State WV	Zip Code 25313	Transaction ID: SA11AI.44355
FEC ID number of contributing federal political committee.	C	25010	Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) SHAWN P EDDY			Date of Receipt
Mailing Address 5109 BRIAR MEADO	OW DRIVE		M M / D D / Y Y Y Y Y O D D / 2011
City CROSS LANES	State WV	Zip Code 25313	Transaction ID: SA11AI.44356  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)			90.00

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)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPORAT	ION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) SHAWN P EDDY			Date of Receipt
Mailing Address 5109 BRIAR MEADOW	/ DRIVE		06 24 2011
City	State	Zip Code	Transaction ID: SA11AI.44357
CROSS LANES	WV	25313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	260.00	
Full Name (Last, First, Middle Initial)  MARIAN D EDMISTON			Date of Receipt
Mailing Address 1056 KERWOOD ROA	'D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45317
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-CORP CLINICAL ED	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial)  MARIAN D EDMISTON			Date of Receipt
Mailing Address 1056 KERWOOD ROA	'D		04 29 7 2011
City	State	Zip Code	Transaction ID: SA11AI.45318
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECTO	n OR-CORP CLINICAL ED	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	360.00	
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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARIAN D EDMISTON	0.15		Date of Receipt
Mailing Address 1056 KERWOOD R			05 13 2011
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.45319  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n DR-CORP CLINICAL ED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MARIAN D EDMISTON	045		Date of Receipt
Mailing Address 1056 KERWOOD R	OAD		05 27 7 2011
City	State	Zip Code	Transaction ID: SA11AI.45320
WEST CHESTER  FEC ID number of contributing federal political committee.	C	19382	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n DR-CORP CLINICAL ED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	]
Full Name (Last, First, Middle Initial) MARIAN D EDMISTON			Date of Receipt
Mailing Address 1056 KERWOOD R	OAD		0 6 1 0 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.45321
WEST CHESTER  FEC ID number of contributing federal political committee.	C	19382	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-CORP CLINICAL ED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	l		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 234 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPO	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARIAN D EDMISTON  Mailing Address 1056 KERWOOD F	BOAD		Date of Receipt
City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.45322  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19302	40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>- ' '</del>	DR-CORP CLINICAL ED  Year-to-Date ▼  520.00	
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS Mailing Address 29 SOUTH HAMPT	ON PARISH R	OAD	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45034
LANDENBERG	PA	19350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del></del>	ESIDENT-ASST TREASURI	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS			Date of Receipt
Mailing Address 29 SOUTH HAMPT	ON PARISH R	OAD	04 29 2011
City	State PA	Zip Code	Transaction ID: SA11AI.45035
LANDENBERG  FEC ID number of contributing federal political committee.	C	19350	Amount of Each Receipt this Period  70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del></del>	ESIDENT-ASST TREASURI	<u> </u>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional	al)		180.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 234 (check only one)  X 11a 11b 11c 12
	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS		Date of Receipt
Mailing Address 29 SOUTH HAMPT		05 13 2011
City LANDENBERG	State Zip Code PA 19350	Transaction ID: SA11AI.45036  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-ASST TREASURE	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS		Date of Receipt
Mailing Address 29 SOUTH HAMPT	ON PARISH ROAD	05 27 2011
City	State Zip Code	Transaction ID: SA11AI.45037
LANDENBERG  FEC ID number of contributing federal political committee.	PA 19350	Amount of Each Receipt this Period  70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-ASST TREASURE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS		Date of Receipt
Mailing Address 29 SOUTH HAMPT	ON PARISH ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45038
LANDENBERG  FEC ID number of contributing federal political committee.	PA 19350	Amount of Each Receipt this Period  70.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-ASST TREASURE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
OUDTOTAL (D. 11. THE T. 11.	l)	210.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 234 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPC	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. RICHARD EDWARDS  Mailing Address 29 SOUTH HAMP	TON PARISH RO	DAD	Date of Receipt
City  LANDENBERG  FEC ID number of contributing	State PA	Zip Code 19350	Transaction ID: SA11AI.45039  Amount of Each Receipt this Period  70.00
Receipt For:  Other (specify) ▼  Other (specify) ▼	Occupation VICE PR	n ESIDENT-ASST TREASURE Year-to-Date ▼ 910.00	
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROC	DK RD.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHELMSFORD FEC ID number of contributing	State MA	Zip Code 01824	Transaction ID: SA11AI.44643  Amount of Each Receipt this Period  35.00
rederal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼	<del>-</del> -	ENTERS OPERATIONS Year-to-Date  280.00	33.00
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROC	OK RD.		Date of Receipt
City CHELMSFORD  FEC ID number of contributing federal political committee.	State MA	Zip Code 01824	Transaction ID: SA11AI.44644  Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-SR C	n ENTERS OPERATIONS Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (option	al)		140.00

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)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOI	K RD.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHELMSFORD  FEC ID number of contributing federal political committee.	State MA	Zip Code 01824	Transaction ID: SA11AI.44645  Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼		n ENTERS OPERATIONS Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOK	K RD.		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City  CHELMSFORD  FEC ID number of contributing federal political committee.	State MA	Zip Code 01824	Transaction ID: SA11AI.44646  Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-SR C	ENTERS OPERATIONS  Year-to-Date   385.00	
Full Name (Last, First, Middle Initial) PAMELA ELROD Mailing Address 16 FARLEY BROOI	K RD		Date of Receipt
City CHELMSFORD  FEC ID number of contributing federal political committee.	State MA	Zip Code 01824	Transaction ID: SA11AI.44647  Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼	<del>- + +</del>	ENTERS OPERATIONS Year-to-Date  420.00	
SUBTOTAL of Receipts This Page (optional	l)	<b></b>	105.00

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)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  PAMELA ELROD  Mailing Address 16 FARLEY BROOK F  City  CHELMSFORD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General  Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11Al.44648  Amount of Each Receipt this Period  35.00
Full Name (Last, First, Middle Initial) HOLLY J ESTEL  Mailing Address 2048 PINECREST DR  City MORGANTOWN  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify) ▼	State Zip Code WV 26505  C  Occupation DIRECTOR-CLINICAL SERVICES Aggregate Year-to-Date  350.87	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 15 2011  Transaction ID: SA11AI.44574  Amount of Each Receipt this Period  41.34
Full Name (Last, First, Middle Initial) HOLLY J ESTEL Mailing Address 2048 PINECREST DR  City MORGANTOWN  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code WV 26505  C  Occupation DIRECTOR-CLINICAL SERVICES Aggregate Year-to-Date  401.50	Date of Receipt  M M Z 9 Z 0 1 1  Transaction ID: SA11AI.44575  Amount of Each Receipt this Period  50.63
SUBTOTAL of Receipts This Page (optional)		126.97

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 67/234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) HOLLY J ESTEL			Date of Receipt
Mailing Address 2048 PINECREST D	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID: SA11AI.44576  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.53
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-CLINICAL SERVICES	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 447.03	
Full Name (Last, First, Middle Initial) HOLLY J ESTEL			Date of Receipt
Mailing Address 2048 PINECREST D	RIVE		0 5 2 7 2 0 1 1
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID: SA11AI.44577  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000	45.44
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-CLINICAL SERVICES	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 492.47	]
Full Name (Last, First, Middle Initial) HOLLY J ESTEL			Date of Receipt
Mailing Address 2048 PINECREST D	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MORGANTOWN	State WV	Zip Code 26505	Transaction ID: SA11AI.44578  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000	45.51
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-CLINICAL SERVICES	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 537.98	]
SUBTOTAL of Receipts This Page (optional)			136.48

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)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HOLLY J ESTEL Mailing Address 2048 PINECREST [	DRIVE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MORGANTOWN FEC ID number of contributing	State WV	Zip Code 26505	Transaction ID: SA11AI.44579  Amount of Each Receipt this Period  53.28
federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTO	n OR-CLINICAL SERVICES e Year-to-Date ▼ 591.26	
Full Name (Last, First, Middle Initial) CYNTHIA H FARLEY Mailing Address 108 COUNTRY CO	VE ESTATE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44979
SCOTT DEPOT	WV	25560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	- <del>  '</del>	OR-REGIONAL MARKETING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) CYNTHIA H FARLEY			Date of Receipt
Mailing Address 108 COUNTRY CO	VE ESTATE		06 10 7 2011
City	State WV	Zip Code	Transaction ID: SA11AI.44980
SCOTT DEPOT  FEC ID number of contributing federal political committee.	C	25560	Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del> </del>	OR-REGIONAL MARKETING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	])		93.28

SCOTT DEPOT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For: Primary General Other (specify) ▼  Cocupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt This Page 15 of the	6E 69 / 234  12 16	$\vdash$ $\vdash$ $\vdash$	Use separate schedule(s) for each category of the Detailed Summary Page	rm 3X)	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	
A. A. CHINHAH FARLEY  Mailing Address 108 COUNTRY COVE ESTATE  City State Zip Code SCOTT DEPOT  WV 25560  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial)  Cupation DIRECTOR-REGIONAL MARKETING Aggregate Year-to-Date ▼  Primary General City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼  Cocupation VICE PRESIDENT-CENTERS GROUP Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt  Date of Receipt  Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Cocupation VICE PRESIDENT-CENTERS GROUP Receipt For: Primary General Other (specify) ▼  Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.4  Amount of Each Receipt this  Date of Receipt  Date o	tributions ommittee.	for the purpose of soliciting contributions olicit contributions from such committee.	not be sold or used by any person dress of any political committee to so	an using the name and ad	or for commercial purposes, other than using	\ \ \
A. CYNTHIA H FARLEY  Mailing Address 108 COUNTRY COVE ESTATE  City State Zip Code WV 25560  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼			ICAL ACTION COMMITTEE		` '	
City State Zip Code WV 25550  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼  Primary General Other (specify) ▼  State Zip Code PA 19607  FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  Fell Name (Last, First, Middle Initial)  DEAN FEICK  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial)  DEAN FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  Fell Name (Last, First, Middle Initial)  DEAN FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  Full Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address 159 MERION LANE  City State Zip Code PA 19607  Full Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address 159 MERION LANE  City State Zip Code PA 19607  Full Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address 159 MERION LANE  City State Zip Code PA 19607  Full Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address 159 MERION LANE  City State Zip Code PA 19607  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  M 4 2 2 9  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  M 4 2 2 9  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  M 4 2 2 9  Transaction ID: SA11AI.4  Amount of Each Receipt this		† '			CYNTHIA H FARLEY	Α.
SCOTT DEPOT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  DEAN FECK  Mailing Address 159 MERION LANE  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General Occupation U/CE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼  Date of Receipt this  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11AI.4  Amount of Each Receipt Transactio	2011	06 24 2011		RY COVE ESTATE		
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEATHCARE CORPORATION Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code Primary General Occupation VICE PRESIDENT-CENTERS GROUP Receipt For: Primary General Occupation VICE PRESIDENT-CENTERS GROUP Receipt For: Primary General Other (specify) ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  PA 19607  FUI Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code Primary General Other (specify) ▼  FUI Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  Transaction ID: SA11AI.4  Amount of Each Receipt this  C C  Transaction ID: SA11AI.4  PA 19607  Cocupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this  Occupation VICE PRESIDENT-CENTERS GROUP  READING  PA 19607  Transaction ID: SA11AI.4  Amount of Each Receipt this  Occupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this		Transaction ID: SA11AI.44981	•		-	
ATION Receipt For:	20.00		25500		FEC ID number of contributing	
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code READING PA 19607  FEC ID number of contributing federal political committee.  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  C C  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: PRIMARY General  Occupation VICE PRESIDENT-CENTERS GROUP Amount of Each Receipt this				POR- Occupation DIRECTO	ATION	
DEAN FEICK  Mailing Address 159 MERION LANE  City  READING  PA  19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt Transaction ID: SA11AI.4  Amount of Each Receipt this VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address  159 MERION LANE  City  READING  PA  19607  FULL Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address  159 MERION LANE  City  READING  PA  19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  QCcupation  VICE PRESIDENT-CENTERS GROUP  Amount of Each Receipt this  C  Transaction ID: SA11AI.4  Amount of Each Receipt this  C  Transaction ID: SA11AI.4  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼  VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼  Primary			260.00	Aggregate	Primary General	
City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code PA 19607  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  M M 1 2 9 1 Y  Transaction ID: SA11AI.4  Date of Receipt  Transaction ID: SA11AI.4  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Date of Receipt  M M 1 2 9 1 Y  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.4  Amount of Each Receipt this  Date of Receipt  M M 1 2 9 1 Y  Amount of Each Receipt this  Date of Receipt  M M 1 2 9 1 Y  Amount of Each Receipt this  C  VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼  Primary General		† '			DEAN FEICK	- 3.
READING PA 19607  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer General Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4  Amount of Each Receipt this  City State Zip Code PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Amount of Each Receipt this	2011			N LANE	Mailing Address 159 MERION LAN	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pall Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code READING PA 19607  FC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼  Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		Transaction ID: SA11AI.44026	•		•	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code READING PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼	50.00		19007		FEC ID number of contributing	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City State Zip Code READING PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Ad00.00  Date of Receipt  M M M / D D D / Y / 2 9  Transaction ID: SA11AI.4  Amount of Each Receipt this  Occupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼			ESIDENT-CENTERS GROUP	, I VIOL I II	INC.	
DEAN FEICK  Mailing Address 159 MERION LANE  City State Zip Code  READING PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General  Date of Receipt  M M D D D D D D D D D D D D D D D D D				Aggregate	Primary General	
City State Zip Code Transaction ID: SA11AI.4  READING PA 19607  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Aggregate Year-to-Date ▼  O 4 2 9  Transaction ID: SA11AI.4  Amount of Each Receipt this		Date of Receipt		iial)	,	 ;.
READING PA 19607  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  C  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼	2011			N LANE	Mailing Address 159 MERION LAN	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary  General  C  Occupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date ▼		Transaction ID: SA11AI.44027	·		•	
GENESIS HEALTH VENTURES, INC. VICE PRESIDENT-CENTERS GROUP  Receipt For: Aggregate Year-to-Date ▼  Primary General	50.00		19607		FEC ID number of contributing	
Primary General			ESIDENT-CENTERS GROUP	S, VICE PR	INC.	
				Aggregate	Primary General	
SUBTOTAL of Receipts This Page (optional)	120.00	120.00	<b>.</b>	(optional)	SUBTOTAL of Receipts This Page (option	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Llas concrete cohodula(a)	FOR LINE NUMBER: PAGE 70 / 234 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person to name and address of any political committee to so	for the purpose of soliciting contributions slicit contributions from such committee.
Full Name (Last, First, Middle Initial) DEAN FEICK  Mailing Address 159 MERION LANE  City READING  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19607  C  Occupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44028  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City READING  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19607  C  Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date  550.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44029  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) DEAN FEICK Mailing Address 159 MERION LANE  City READING  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19607  C  Occupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date  600.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44030  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Repo	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	using the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  DEAN FEICK  Mailing Address 159 MERION I		Date of Receipt
		06 24 2011
City <u>READING</u>	State Zip Code PA 19607	Transaction ID: SA11AI.44031 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 13307	50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	Occupation VICE PRESIDENT-CENTERS GROUP	P
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) <b>B.</b> RICHARD M FINK	•	Date of Receipt
Mailing Address 12 GREENTRI	EE DRIVE	0 4
City	State Zip Code	Transaction ID: SA11AI.44502
PHEONIX	MD 21131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer GENESIS HEALTHCARE CORPO ATION	R- Occupation DIRECTOR-REIMBURSEMENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)  C. RICHARD M FINK		Date of Receipt
Mailing Address 12 GREENTRI	EE DRIVE	0 4 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44503
PHEONIX	MD 21131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer GENESIS HEALTHCARE CORPO ATION	R- Occupation DIRECTOR-REIMBURSEMENT	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	270.00	
SUBTOTAL of Receipts This Page (o	otional)	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)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD M FINK Mailing Address 12 GREENTREE D	RIVE		Date of Receipt
City PHEONIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼		n OR-REIMBURSEMENT ⊋ Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) RICHARD M FINK Mailing Address 12 GREENTREE D	RIVE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.44505
PHEONIX	MD	21131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del></del>	OR-REIMBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]
Full Name (Last, First, Middle Initial) RICHARD M FINK	<b>'</b>		Date of Receipt
Mailing Address 12 GREENTREE D	RIVE		06 10 2011
City	State	Zip Code	Transaction ID: SA11AI.44506
PHEONIX  FEC ID number of contributing federal political committee.	C	21131	Amount of Each Receipt this Period  30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del> </del>	OR-REIMBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	]
SUBTOTAL of Receipts This Page (optiona	<u> </u>		90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	• )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE /3 / 234   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	TICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) RICHARD M FINK			Date of Receipt
Mailing Address 12 GREENTREE DI	RIVE		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHEONIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44507  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-REIMBURSEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) IRENE FLESHNER	<b>L</b>		Date of Receipt
Mailing Address 4613 ROXBURY DF	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.44485  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20014	25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-C	n CLINICAL PRACTICE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) IRENE FLESHNER			Date of Receipt
Mailing Address 4613 ROXBURY DF	RIVE		05 13 YYYYY 2011
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.44486  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20014	25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-C	n CLINICAL PRACTICE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	<b>\</b>	80.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>(A)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE /4 / 234   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPO	DRATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) IRENE FLESHNER			Date of Receipt
Mailing Address 4613 ROXBURY [	DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.44487  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-C	n ELINICAL PRACTICE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) IRENE FLESHNER	I		Date of Receipt
Mailing Address 4613 ROXBURY [	DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.44488
FEC ID number of contributing federal political committee.	C	20014	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation SR VP-C	n ELINICAL PRACTICE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) IRENE FLESHNER			Date of Receipt
Mailing Address 4613 ROXBURY [	DRIVE		M M / D D / Y Y Y Y Y Y O D D / 24 2011
City BETHESDA	State MD	Zip Code 20814	Transaction ID: SA11AI.44489  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20014	25.00
Name of Employer GENESIS HEALTH VENTURES, INC.		LINICAL PRACTICE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (option	nal)	<b>)</b>	75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and	Use separate so for each categor Detailed Summa	ry of the ary Page X 11a 11b 11c 12 13 14 15 16 17  d by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and address of any politica	I committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  ROBERT FURIA MD  Mailing Address 257 N STATE RD AF	T 11D	Date of Receipt
Maining Address 237 N STATE ND AF		04 29 2011
City	State Zip Code	Transaction ID: SA11AI.45372
SPRINGFIELD  FEC ID number of contributing federal political committee.	PA 19064	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-MEDICAL PA Aggregate Year-to-Date ▼	ACE 225.00
Full Name (Last, First, Middle Initial)  ROBERT FURIA MD  Mailing Address 257 N STATE RD AF	T 11D	Date of Receipt  0 5 1 3 2 0 1 1
City SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.45373
FEC ID number of contributing federal political committee.	PA 19064	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-MEDICAL PA Aggregate Year-to-Date ▼	ACE 250.00
Full Name (Last, First, Middle Initial) ROBERT FURIA MD	. <b>L</b>	Date of Receipt
Mailing Address 257 N STATE RD AF	T 11D	05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.45374  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-MEDICAL PA	ACE
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	275.00
SUBTOTAL of Receipts This Page (optional)		75.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) ROBERT FURIA MD			Date of Receipt
Mailing Address 257 N STATE RD A	APT 11D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State PA	Zip Code 19064	Transaction ID: SA11AI.45375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-MEDICAL PACE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) ROBERT FURIA MD			Date of Receipt
Mailing Address 257 N STATE RD A	APT 11D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD	State PA	Zip Code	Transaction ID: SA11AI.45376
FEC ID number of contributing federal political committee.	C	19064	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-MEDICAL PACE	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ			Date of Receipt
Mailing Address 4409 UNDERWOO	D ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE	State MD	Zip Code 21218	Transaction ID: SA11AI.44316  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-COR	n PORATE COMMUNICATION	NS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	.()		100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 234 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPO	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARY V.M. GALVEZ  Mailing Address 4409 UNDERWOO	DD ROAD		Date of Receipt
City BALTIMORE FEC ID number of contributing	State MD	Zip Code 21218	Transaction ID: SA11AI.44317  Amount of Each Receipt this Period
federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary  Other (specify) ▼		PORATE COMMUNICATION Year-to-Date  450.00	50.00 NS
Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ Mailing Address 4409 UNDERWOO	DD ROAD		Date of Receipt    M   M   D   D     Y   Y   Y   Y   Y   Y   Y
City BALTIMORE	State MD	Zip Code 21218	Transaction ID: SA11AI.44318  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼		PORATE COMMUNICATION Year-to-Date   500.00	ns
Full Name (Last, First, Middle Initial) MARY V.M. GALVEZ			Date of Receipt
Mailing Address 4409 UNDERWOC	DD ROAD		05 27 2011
City BALTIMORE	State MD	Zip Code 21218	Transaction ID: SA11AI.44319  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	<del>- ' '</del>	PORATE COMMUNICATION	NS
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (options			150.00

Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of selecting contributions or for commercial purposes, other than using the name and address of any pollitical committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  MARY V.M. GAL VEZ  Mailing Address 4409 UNDERWOOD ROAD  City State Zip Code BALTIMORE MD 21218  FEC ID number of contributing rederal political committee.  City State Zip Code BALTIMORE NO Cocupation Other (specify) ▼  Full Name (Last, First, Middle Initial)  MARY V.M. GAL VEZ  Mailing Address 4409 UNDERWOOD ROAD  City State Zip Code Primary General Other (specify) ▼  FULL Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  FULL Name (Last, First, Middle Initial)  FEC ID number of contributing rederal political committee.  City State Zip Code MD 21218  FEC ID number of contributing rederal political committee.  City State Zip Code MC 21218  FEC ID number of contributing rederal political committee.  City State Zip Code MC 21218  FEC ID number of contributing rederal political committee.  City State Zip Code MC 21218  Full Name (Last, First, Middle Initial)  Criter (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.44321  Amount of Each Recept this Period  Date of Receipt  Transaction ID: SA11A1.45121  Amount of Each Receipt in Period  Exp Code MC 225.00  Subtrotal of Receipt This Pege (optional)  Subtrotal of Receipt This Pege (optional)	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)  X 11a 11b 11c 12 13 14 15 16
MARY VM. GALVEZ  Mailing Address 4409 UNDERWOOD ROAD  City BALTIMORE MD 21218  FEC ID number of contributing federal political committee.  C C Cocupation Primary General Other (specify) ▼ C C C C C C C C C C C C C C C C C C	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
BALTIMORE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code BALTIMORE MD 21218  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For: GENESIS HEALTH VENTURES, INC.  Primary General Other (specify) ▼  State Zip Code MA 050.00  Date of Receipt Transaction ID: SA11AI.44321  Amount of Each Receipt this Period So.00  Date of Receipt Transaction ID: SA11AI.44321  Amount of Each Receipt this Period So.00  Date of Receipt So.00  Date of Re	MARY V.M. GALVEZ  Mailing Address 4409 UNDERWOOD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
No.	FEC ID number of contributing		
MARY V.M. GALVEZ  Mailing Address 4409 UNDERWOOD ROAD  City State Zip Code MD 21218  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN  Mailing Address 37 ROYALSTON ROAD NORTH  City State Zip Code MD 21218  Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN  Mailing Address 37 ROYALSTON ROAD NORTH  City State Zip Code MA 01475  FEC ID number of contributing federal political committee.  Name of Employer General Coccupation ADMINISTRATOR  Receipt For: Aggregate Year-to-Date ▼  Occupation MA 01475  FEC ID number of contributing federal political committee.  Name of Employer General Coccupation ADMINISTRATOR  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	INC. Receipt For: Primary General	VP-CORPORATE COMMUNICATION Aggregate Year-to-Date ▼	IS
City State Zip Code MD 21218  FEC ID number of contributing federal political committee.  C	MARY V.M. GALVEZ	) ROAD	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN  Mailing Address 37 ROYALSTON ROAD NORTH  City State Zip Code MA 01475  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATE COMMUNICATIONS  Name of Employer General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI.45121  Amount of Each Receipt this Period  ADMINISTRATOR  ADMINISTRATOR  ADMINISTRATOR  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	•		Transaction ID: SA11AI.44321
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Mailing Address 37 ROYALSTON ROAD NORTH  City State Zip Code WINCHENDON MA 01475  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11Al.45121  Amount of Each Receipt this Period  C 25.00	FEC ID number of contributing		
Mailing Address 37 ROYALSTON ROAD NORTH  City State Zip Code WINCHENDON MA 01475  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M M D D D D D D D D D D D D D D D D	INC. Receipt For: Primary General	VP-CORPORATE COMMUNICATION Aggregate Year-to-Date ▼	IS
City State Zip Code MA 01475  WINCHENDON MA 01475  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  State Zip Code MA 01475  Amount of Each Receipt this Period  25.00  C  C  Apployer	CHRISTOPHER N GILLISSEN	DAD NORTH	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)  Occupation ADMINISTRATOR Aggregate Year-to-Date  225.00		· ·	Transaction ID: SA11Al.45121
ATION Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  225.00	FEC ID number of contributing		
Other (specify) ▼ 225.00	ATION	ADMINISTRATOR	
SUBTOTAL of Receipts This Page (optional)		225.00	
	SUBTOTAL of Receipts This Page (optional)	·····	125.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any pe sing the name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON  City WINCHENDON		Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR ATION Receipt For:  Primary General Other (specify)	Occupation ADMINISTRATOR Aggregate Year-to-Date  250.00	25.00
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN  Mailing Address 37 ROYALSTON	N ROAD NORTH	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45123
WINCHENDON	MA 01475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) CHRISTOPHER N GILLISSEN Mailing Address 37 ROYALSTON	N ROAD NORTH	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45124
WINCHENDON	MA 01475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	ional)	75.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for	nformation copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\angle$	GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	
	ull Name (Last, First, Middle Initial) athryn Graning			Date of Receipt
M	lailing Address 225 Stoneyford Road			05 / 30 / Y Y Y Y
	ity saltimore	State MD	Zip Code 21210	Transaction ID: SA11AI.43898  Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
N: G	ame of Employer Genesis HealthCare	Occupatio Director	n	
R	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) ENNIS GREGORY	1		Date of Receipt
M	lailing Address 17 ONEIDA COURT			M M / D D / Y Y Y Y Y O D D / 2011
	ity	State	Zip Code	Transaction ID: SA11AI.44068
FI	CHESTER SPRINGS  EC ID number of contributing sederal political committee.	C	19425	Amount of Each Receipt this Period  35.00
N: G	ame of Employer BENESIS HEALTH VENTURES, NC.	Occupatio	n OR-ELDERCARE CENTERS	S REG
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	]
	ull Name (Last, First, Middle Initial) ENNIS GREGORY			Date of Receipt
	lailing Address 17 ONEIDA COURT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: SA11AI.44069
FI	CHESTER SPRINGS  EC ID number of contributing orderal political committee.	C	19425	Amount of Each Receipt this Period  35.00
<u> IN</u>	ame of Employer IENESIS HEALTH VENTURES, NC.	. '	OR-ELDERCARE CENTERS	FREG
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00	
	BTOTAL of Receipts This Page (optional)	<u> </u>		570.00

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)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPORAT	ION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) DENNIS GREGORY			Date of Receipt
Mailing Address 17 ONEIDA COURT			05 13 YYYY 2011
City	State	Zip Code	Transaction ID: SA11AI.44070
CHESTER SPRINGS	PA	19425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTH VENTURES,	Occupation		- PEC
INC. Receipt For:	-	OR-ELDERCARE CENTERS • Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	350.00	
Full Name (Last, First, Middle Initial) DENNIS GREGORY			Date of Receipt
Mailing Address 17 ONEIDA COURT			M M / D D / Y Y Y Y Y Y O D D / 2 7 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44071
CHESTER SPRINGS	PA	19425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-ELDERCARE CENTERS	─- SREG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	]
Full Name (Last, First, Middle Initial) DENNIS GREGORY			Date of Receipt
Mailing Address 17 ONEIDA COURT			0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44072
CHESTER SPRINGS	PA	19425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTH VENTURES, INC.		OR-ELDERCARE CENTERS	S REG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
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)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any pers name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DENNIS GREGORY  Mailing Address 17 ONEIDA COURT  City CHESTER SPRINGS  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General	State Zip Code PA 19425  C  Occupation DIRECTOR-ELDERCARE CENTER: Aggregate Year-to-Date  455.00	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) NANCY E GRIMES Mailing Address 114 OSAGE LANE-UN  City NEWARK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		Date of Receipt  M M / D D / Y Y Y Y Y  O 4 15 2011  Transaction ID: SA11AI.44424  Amount of Each Receipt this Period  150.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  NANCY E GRIMES  Mailing Address 114 OSAGE LANE-UN  City  NEWARK  FEC ID number of contributing federal political committee.	IAMI TRAIL  State Zip Code DE 19711  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Occupation SR VP-CLINICAL OPS CNO Aggregate Year-to-Date  1350.00	335.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 234 (check only one)    X
, A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	<b>E</b>
۱.	Full Name (Last, First, Middle Initial) NANCY E GRIMES	NAME TO ALL		Date of Receipt
	Mailing Address 114 OSAGE LANE-U	NAMI IRAIL		05 / 13 / 2011
	City NEWARK	State DE	Zip Code 19711	Transaction ID: SA11AI.44426  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19711	150.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-C	n CLINICAL OPS CNO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
- 3.	Full Name (Last, First, Middle Initial) NANCY E GRIMES			Date of Receipt
	Mailing Address 114 OSAGE LANE-U	NAMI TRAIL		05 27 2011
	City	State	Zip Code	Transaction ID: SA11AI.44427
	NEWARK FEC ID number of contributing federal political committee.	DE C	19711	Amount of Each Receipt this Period
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-C	n CLINICAL OPS CNO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
	Full Name (Last, First, Middle Initial) NANCY E GRIMES			Date of Receipt
	Mailing Address 114 OSAGE LANE-U	NAMI TRAIL		0 6 1 0 7 Y Y Y Y Y Y Y
	City NEWARK	State DE	Zip Code	Transaction ID: SA11AI.44428
	FEC ID number of contributing federal political committee.	C	19711	Amount of Each Receipt this Period  150.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP-C	n CLINICAL OPS CNO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	
	SUBTOTAL of Receipts This Page (optional)			450.00

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)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions see to solicit contributions from such committee.
GENESIS HEALTHCARE CORPOF  Full Name (Last, First, Middle Initial)	RATION POLITICAL ACTION COMMITT	ree 
NANCY E GRIMES  Mailing Address 114 OSAGE LANE-	UNAMI TRAIL	Date of Receipt  0 6 2 4 2 0 1 1
City NEWARK	State Zip Code DE 19711	Transaction ID: SA11AI.44429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation SR VP-CLINICAL OPS CNO Aggregate Year-to-Date  1950.00	
Full Name (Last, First, Middle Initial) FRANCIS GROSSO Mailing Address 28 COMMONWEAL	TH AVENUE	Date of Receipt  0 5 2 7 2 0 1 1
APT #4 City	State Zip Code	Transaction ID: SA11AI.45218
BOSTON FEC ID number of contributing	MA 02116	Amount of Each Receipt this Period 20.00
federal political committee.	Occupation	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	VP-PHARMACY SERVICES	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial) FRANCIS GROSSO		Date of Receipt
Mailing Address 28 COMMONWEAL APT #4	TH AVENUE	0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>BOSTON</u>	State Zip Code MA 02116	Transaction ID: SA11AI.45219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-PHARMACY SERVICES	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
SURTOTAL of Receipts This Page (antional	)	190.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 234 (check only one)    X
or for commer	on copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS	S HEALTHCARE CORPORAT	TION POLIT	TICAL ACTION COMMITTEE	
FRANCIS (				Date of Receipt
Mailing Ad	dress 28 COMMONWEALTH APT #4	1 AVENUE		06 24 2011
City BOSTON	J	State MA	Zip Code 02116	Transaction ID: SA11AI.45220  Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	OZTIO	20.00
Name of E GENESIS ATION	mployer HEALTHCARE CORPOR-	Occupation VP-PHA	n RMACY SERVICES	
Receipt Fo		Aggregate	e Year-to-Date ▼ 260.00	
MARYLEE				Date of Receipt
Mailing Ad	dress 28 COMMONWEALTH	ł AVENUE #	<del>#</del> 4	05 27 2011
City	ı	State	Zip Code	Transaction ID: SA11AI.44264
	mber of contributing tical committee.	C	02116	Amount of Each Receipt this Period  20.00
Name of E GENESIS ATION	mployer HEALTHCARE CORPOR-	Occupation DIRECT	OR-CLINICAL PRACTICE	
Receipt Fo		Aggregate	e Year-to-Date ▼ 220.00	
Full Name MARYLEE	(Last, First, Middle Initial) GROSSO			Date of Receipt
Mailing Ad	dress 28 COMMONWEALTH	ł AVENUE #	#4	0 6 1 0 7 Y Y Y Y Y
City BOSTON	ı	State MA	Zip Code 02116	Transaction ID: SA11AI.44265  Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	OLIVO	20.00
<u>ATION</u>	mployer HEALTHCARE CORPOR-		OR-CLINICAL PRACTICE	
Receipt Fo		Aggregate	e Year-to-Date ▼ 240.00	
		1		60.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial p	urposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	IMITTEE (In Full) EALTHCARE CORPORATIO	ON POLIT	ICAL ACTION COMMITTEE	
Full Name (Last MARYLEE GROS	, First, Middle Initial) SSO			Date of Receipt
	28 COMMONWEALTH A			06 24 2011
City <u>BOSTON</u>		State MA	Zip Code 02116	Transaction ID: SA11AI.44266  Amount of Each Receipt this Period
FEC ID number federal political of		C		20.00
ATION	/er LTHCARE CORPOR-	Occupation DIRECTO	n DR-CLINICAL PRACTICE	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 260.00	
B. MICHAEL P GUG	··			Date of Receipt
Mailing Address	1503 STALEY CIRCLE			04 15 2011
City		State	Zip Code	Transaction ID: SA11AI.45287
HARLEYSVIL FEC ID number federal political of	of contributing	C	19438	Amount of Each Receipt this Period  50.00
Name of Employ GENESIS HEA ATION	/er LTHCARE CORPOR-	Occupation VP-STRA	n ATEGIC STAFFING	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last	, First, Middle Initial) GLIELMO			Date of Receipt
Mailing Address	1503 STALEY CIRCLE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	1.5	State	Zip Code	Transaction ID: SA11AI.45288
HARLEYSVIL FEC ID number federal political of	of contributing	C	19438	Amount of Each Receipt this Period  50.00
ATION	/er LTHCARE CORPOR-		ATEGIC STAFFING	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Re	ceipts This Page (optional)		<b>)</b>	120.00
	od (last page this line number on		·	

Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO Mailing Address 1503 STALEY CIRCLE  City State Zip Code HARLEYSVILLE PA 19438  FEC ID number of contributing federal political committee.  C  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	dule(s) f the Page   FOR LINE NUMBER:   PAGE 87 / 234   (check only one)   X   11a   11b   11c   12   13   14   15   16   1
MICHAEL P GUGLIELMO  Mailing Address 1503 STALEY CIRCLE  City State Zip Code PA 19438  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION ATION Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO  Mailing Address 1503 STALEY CIRCLE  City State Zip Code PA 19438  FEC ID number of contributing federal political committee.  City Primary General Occupation VP-STRATEGIC STAFFING Code PA 19438  C  C  C  State Zip Code PA 19438  C  C  State Zip Code PA 19438  FEC ID number of contributing federal political committee.  Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO Mailing Address 1503 STALEY CIRCLE  City Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO Mailing Address 1503 STALEY CIRCLE  City State Zip Code PA 19438  FEC ID number of contributing federal political committee.  C  C  City State Zip Code PA 19438  FEC ID number of contributing federal political committee.  C  C	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Receipt For:    Primary   General	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Primary	50.00
City State Zip Code HARLEYSVILLE PA 19438  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) MICHAEL P GUGLIELMO Mailing Address 1503 STALEY CIRCLE  City State Zip Code HARLEYSVILLE PA 19438  FEC ID number of contributing federal political committee.  City State Zip Code PA 19438  C	Date of Receipt
ATION Receipt For:	Transaction ID: SA11AI.45290  Amount of Each Receipt this Period  50.00
MICHAEL P GUGLIELMO Mailing Address 1503 STALEY CIRCLE  City State Zip Code HARLEYSVILLE PA 19438  FEC ID number of contributing federal political committee.	50.00
HARLEYSVILLE PA 19438  FEC ID number of contributing federal political committee.	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Name of Employer Occupation	Transaction ID: SA11AI.45291  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  General  Aggregate Year-to-Date  ✓	00.00
SUBTOTAL of Receipts This Page (optional)	150.00

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)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  MICHAEL P GUGLIELMO  Mailing Address 1503 STALEY CIRCL	E	Date of Receipt
City HARLEYSVILLE	State Zip Code PA 19438	Transaction ID: SA11AI.45292  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION  Receipt For:  Primary  General  Other (specify) ▼	VP-STRATEGIC STAFFING  Aggregate Year-to-Date ▼  650.00	
Full Name (Last, First, Middle Initial)  KATHY L HADDON  Mailing Address 312 LEE ROAD		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FOLLANSBEE  FEC ID number of contributing federal political committee.	State Zip Code WV 26037	Transaction ID: SA11AI.44140  Amount of Each Receipt this Period  100.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation ADMINISTRATOR Aggregate Year-to-Date  800.00	
Full Name (Last, First, Middle Initial)  KATHY L HADDON  Mailing Address 312 LEE ROAD		Date of Receipt
City FOLLANSBEE	State Zip Code WV 26037	Transaction ID: SA11AI.44141  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES,	Occupation	100.00
INC.  Receipt For:  Primary General  Other (specify) ▼	ADMINISTRATOR  Aggregate Year-to-Date ▼  900.00	
SUBTOTAL of Receipts This Page (optional) .	<b>&gt;</b>	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)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KATHY L HADDON  Mailing Address 312 LEE ROAD  City FOLLANSBEE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code WV 26037  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KATHY L HADDON  Mailing Address 312 LEE ROAD  City FOLLANSBEE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code WV 26037  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date   1100.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KATHY L HADDON  Mailing Address 312 LEE ROAD  City FOLLANSBEE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code WV 26037  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date  1200.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATE	name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KATHY L HADDON		IONE NOTION COMMITTEE	Date of Receipt
Mailing Address 312 LEE ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44145
FOLLANSBEE	WV	26037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ADMINIS		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) CHARLES M. HALL	1		Date of Receipt
Mailing Address 10304 CHEVERS DR			05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45343
GLEN MILLS	PA	19342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n DR-NURSING	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	]
Full Name (Last, First, Middle Initial) CHARLES M. HALL	1		Date of Receipt
Mailing Address 10304 CHEVERS DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GLEN MILLS	State PA	Zip Code 19342	Transaction ID: SA11AI.45344
FEC ID number of contributing federal political committee.	C	1 3042	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation	n DR-NURSING	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	ne name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CHARLES M. HALL Mailing Address 10304 CHEVERS DF  City GLEN MILLS  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION	State PA C	Zip Code 19342 R-NURSING	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)		/ear-to-Date ▼ 275.00	]
Full Name (Last, First, Middle Initial) CHARLES M. HALL Mailing Address 10304 CHEVERS DF	3		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.45346
GLEN MILLS	PA	19342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOI	R-NURSING	
Receipt For: Primary General	Aggregate Y	/ear-to-Date ▼	
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) Robert Harris	•		Date of Receipt
Mailing Address 56 Covington Drive			04 08 2011
City	State	Zip Code	Transaction ID: SA11AI.44839
Shrewsbury	PA	17361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer Genesis HealthCare Corp	Occupation Director		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 245.00	
SUBTOTAL of Receipts This Page (optional)	•		85.00

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)    X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORAT	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Robert Harris  Mailing Address 56 Covington Drive  City Shrewsbury  FEC ID number of contributing federal political committee.  Name of Employer Genesis HealthCare Corp  Receipt For: Primary General Other (specify)	State Zip Code PA 17361  C  Occupation Director  Aggregate Year-to-Date  280.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Harris  Mailing Address 56 Covington Drive  City Shrewsbury  FEC ID number of contributing federal political committee.  Name of Employer Genesis HealthCare Corp  Receipt For: Primary General Other (specify)	State Zip Code PA 17361  C  Occupation Director  Aggregate Year-to-Date  315.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Harris  Mailing Address 56 Covington Drive  City Shrewsbury  FEC ID number of contributing federal political committee.  Name of Employer Genesis HealthCare Corp  Receipt For: Primary General Other (specify)	State Zip Code PA 17361  C  Occupation Director  Aggregate Year-to-Date ▼  350.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		105.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to ATION POLITICAL ACTION COMMITTE	son for the purpose of soliciting contributions to solicit contributions from such committee.
7 GENESIS FILALITICARE CORT OF	ATION I CEITICAL ACTION COMMITTE	L
Full Name (Last, First, Middle Initial) Robert Harris Mailing Address 56 Covington Drive		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.44843
Shrewsbury	PA 17361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Genesis HealthCare Corp	Occupation Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial) Robert Harris		Date of Receipt
Mailing Address 56 Covington Drive		06 17 2011
City	State Zip Code	Transaction ID: SA11AI.44844
Shrewsbury	PA 17361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Genesis HealthCare Corp	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS		Date of Receipt
Mailing Address 102 PATRIOT DRIVE	<u> </u>	05 27 YYYY 2011
City	State Zip Code	Transaction ID: SA11AI.44658
COLLEGEVILLE	PA 19426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERATIONS	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)	1	90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	:
_	Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS			Date of Receipt
	Mailing Address 102 PATRIOT DRIVE  City	State	Zip Code	0 6 1 0 2 0 1 1 Transaction ID: SA11AI.44659
	COLLEGEVILLE	PA	19426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPEI	n RATIONS	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	1
	Full Name (Last, First, Middle Initial) WM. CRAIG HARRIS Mailing Address 102 PATRIOT DRIVE			Date of Receipt
	Mailing Address 102 PATRIOT DRIVE	=		06 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.44660
	COLLEGEVILLE	PA	19426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION		RATIONS	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		260.00	
	Full Name (Last, First, Middle Initial) KATHRYN HEFLIN	<b>'</b>		Date of Receipt
	Mailing Address 497 WINDING CREE	K COURT		0 4 1 5 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.44721
	DAVIDSONVILLE	MD	21035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		53.50
	Name of Employer GENESIS HEALTH VENTURES, INC.	<del>-, '</del>	OR-ELDERCARE CENTERS	S REG
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 428.00	
Г	SUBTOTAL of Receipts This Page (optional)			93.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 234 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPO	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN			Date of Receipt
Mailing Address 497 WINDING CRI		7:01	04 29 2011
City DAVIDSONVILLE	State MD	Zip Code 21035	Transaction ID: SA11AI.44722  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.000	53.50
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n DR-ELDERCARE CENTERS	S REG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.50	
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN	TEK OOUDT		Date of Receipt
Mailing Address 497 WINDING CRI	EEK COURT		05 13 7 2011
City	State	Zip Code	Transaction ID: SA11AI.44723
DAVIDSONVILLE	MD	21035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		53.50
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n DR-ELDERCARE CENTERS	S REG
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	0 0	535.00	
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN	•		Date of Receipt
Mailing Address 497 WINDING CRI	EEK COURT		05 27 2011
City	State	Zip Code	Transaction ID: SA11AI.44724
DAVIDSONVILLE	MD	21035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		53.50
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	<del>- ' '</del>	OR-ELDERCARE CENTERS	S REG
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 588.50	]
SUBTOTAL of Receipts This Page (optional	•		160.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	ie (Check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	name and address of any political comr	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN Mailing Address 497 WINDING CREEK	COURT State Zip Code	Date of Receipt  O 6 10 2011  Transaction ID: SA11AI.44725
DAVIDSONVILLE  FEC ID number of contributing federal political committee.	MD 21035	Amount of Each Receipt this Period  53.50
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation DIRECTOR-ELDERCARE CEN Aggregate Year-to-Date ▼ 642.	00
Full Name (Last, First, Middle Initial) KATHRYN HEFLIN Mailing Address 497 WINDING CREEK	COURT	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DAVIDSONVILLE	State Zip Code MD 21035	Transaction ID: SA11AI.44726  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 21000	53.50
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-ELDERCARE CEI Aggregate Year-to-Date  695.	
Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD		Date of Receipt
Mailing Address 1 SUNSET KNOLL CO		04 / 15 / Y Y Y Y Y Y
City <u>TIMONIUM</u>	State Zip Code MD 21093	Transaction ID: SA11AI.45185  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP-SR OPERATIONS REHAB Aggregate Year-to-Date ▼  880.	
SUBTOTAL of Receipts This Page (optional)		217.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 234 (check only one)    X
or f	r information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD			Date of Receipt
	Mailing Address 1 SUNSET KNOLL Co	OURT		04 29 7 2011
	City TIMONIUM	State MD	Zip Code 21093	Transaction ID: SA11AI.45186  Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	C	21000	110.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼		PPERATIONS REHAB SVS  PYear-to-Date ▼  990.00	
	Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD Mailing Address 1 SUNSET KNOLL CO	OURT		Date of Receipt
		05 13 2011		
	City TIMONIUM	State MD	Zip Code 21093	Transaction ID: SA11AI.45187  Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	C	21030	110.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-SR C	n PPERATIONS REHAB SVS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD	1		Date of Receipt
	Mailing Address 1 SUNSET KNOLL Co	OURT		05 27 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.45188
•	TIMONIUM FEC ID number of contributing federal political committee.	C	21093	Amount of Each Receipt this Period  110.00
•	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-SR C	n PPERATIONS REHAB SVS	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1210.00	
SL	JBTOTAL of Receipts This Page (optional) .		<b>\</b>	330.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate Detailed Sum	e schedule(s) egory of the	FOR LINE NUMBER: PAGE 98 / 234 (check only one)    X
0	uny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or use name and address of any polit	used by any person fitical committee to so	for the purpose of soliciting contributions licit contributions from such committee.
	NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION	COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD			Date of Receipt
	Mailing Address 1 SUNSET KNOLL Co	OUR I State Zip Code		0 6 1 0 2 0 1 1 Transaction ID SA11AL 45180
	TIMONIUM	MD 21093		Transaction ID: SA11AI.45189  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.00
	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	
- 3.	Full Name (Last, First, Middle Initial) DANIEL A HIRSCHFELD	1		Date of Receipt
	Mailing Address 1 SUNSET KNOLL C	06 24 2011		
	City	State Zip Code		Transaction ID: SA11AI.45190
	TIMONIUM	MD 21093		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SR OPERATIONS		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1430.00	
. –	Full Name (Last, First, Middle Initial) NATALIE P HOLLAND			Date of Receipt
	Mailing Address 2306 SULGRAVE AV	ENUE		05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BALTIMORE	State Zip Code MD 21209		Transaction ID: SA11AI.44227  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 21209		18.50
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-DEVELOPMENT		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	203.50	
Г		1		238.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NATALIE P HOLLAND Mailing Address 2306 SULGRAVE AV  City BALTIMORE  FEC ID number of contributing federal political committee.	ENUE State Zip Code MD 21209	Date of Receipt  O 6  Transaction ID: SA11Al.44228  Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-DEVELOPMENT Aggregate Year-to-Date  222.00	
Full Name (Last, First, Middle Initial) NATALIE P HOLLAND Mailing Address 2306 SULGRAVE AV	ENUE	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44229
BALTIMORE	MD 21209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	18.50
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-DEVELOPMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.50	
Full Name (Last, First, Middle Initial) LEANA HOOVER		Date of Receipt
Mailing Address 9066 HARRIS PL		04 15 2011
City	State Zip Code	Transaction ID: SA11Al.44899
FREDERICK FEC ID number of contributing federal political committee.	MD 21704	Amount of Each Receipt this Period  30.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation ADMINISTRATOR  Aggregate Year-to-Date ▼	
Other (specify)	240.00	_
SUBTOTAL of Receipts This Page (optional)	•	67.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 234 (check only one)    X   11a
or for commercial purposes, other than u	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to	o solicit contributions from such committee.
GENESIS HEALTHCARE COR	PORATION POLITICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) LEANA HOOVER		Date of Receipt
Mailing Address 9066 HARRIS F	'L	04 29 2011
City	State Zip Code MD 21704	Transaction ID: SA11AI.44900
FREDERICK FEC ID number of contributing federal political committee.	MD 21704	Amount of Each Receipt this Period  30.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	Occupation ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) LEANA HOOVER		Date of Receipt
Mailing Address 9066 HARRIS F	<sup>1</sup> L	05 13 2011
City	State Zip Code	Transaction ID: SA11AI.44901
FREDERICK FEC ID number of contributing federal political committee.	MD 21704	Amount of Each Receipt this Period  30.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) LEANA HOOVER		Date of Receipt
Mailing Address 9066 HARRIS F	PL	05 27 2011
City	State Zip Code	Transaction ID: SA11AI.44902
FREDERICK FEC ID number of contributing	MD 21704	Amount of Each Receipt this Period
federal political committee.	C	30.00
Name of Employer GENESIS HEALTHCARE CORPOR ATION	ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	
	tional)	90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 234 (check only one)    X
An	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) LEANA HOOVER Mailing Address 9066 HARRIS PI			Date of Receipt
	Mailing Address 9066 HARRIS PL  City	State	Zip Code	0 6 1 0 2 0 1 1 Transaction ID: SA11AI.44903
	FREDERICK	MD	21704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) LEANA HOOVER			Date of Receipt
	Mailing Address 9066 HARRIS PL			M M / D D / Y Y Y Y Y O D D / 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.44904
	FREDERICK	MD	21704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	390.00	
	Full Name (Last, First, Middle Initial) REGINA R JONES			Date of Receipt
	Mailing Address 2 WEATHERLY AVE	NUE		05 27 YYYY 2011
	City	State	Zip Code	Transaction ID: SA11AI.44087
	NEWPORT	RI	02840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<u> </u>	OR-NURSING	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	0 0	210.00	
	UBTOTAL of Receipts This Page (optional) .	1		70.00

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 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA	ATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) REGINA R JONES Mailing Address 2 WEATHERLY AVE	NII IE	Date of Receipt
		06 03 2011
City NEWPORT	State Zip Code RI 02840	Transaction ID: SA11AI.44088  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NURSING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial) REGINA R JONES		Date of Receipt
Mailing Address 2 WEATHERLY AVE	NUE	06 10 2011
City	State Zip Code	Transaction ID: SA11AI.44089
NEWPORT  FEC ID number of contributing	RI 02840	Amount of Each Receipt this Period
federal political committee.	C	10.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation DIRECTOR-NURSING	_
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) REGINA R JONES		Date of Receipt
Mailing Address 2 WEATHERLY AVE	NUE	0 6 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code RI 02840	Transaction ID: SA11AI.44090
NEWPORT  FEC ID number of contributing federal political committee.	RI 02840	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-NURSING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	30.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		30.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other the NAME OF COMMITTEE (In Full	eports and Statements may not be sold or used by any per ian using the name and address of any political committee ) CORPORATION POLITICAL ACTION COMMITTE	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Ini REGINA R JONES  Mailing Address 2 WEATHE  City  NEWPORT  FEC ID number of contributing federal political committee.	,	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE COR ATION Receipt For:  Primary  General  Other (specify) ▼	POR- Occupation DIRECTOR-NURSING Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Ini THOMAS M KELLEY JR. Mailing Address 180 SIMMC	,	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44664
MILLWOOD	WV 25262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer GENESIS HEALTHCARE COR ATION	ADMINISTRATOR-EXECUTIVE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Ini THOMAS M KELLEY JR. Mailing Address 180 SIMMC	·	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44665
MILLWOOD FEC ID number of contributing	WV 25262	Amount of Each Receipt this Period 20.00
rederal political committee.  Name of Employer GENESIS HEALTHCARE COR	POR- ADMINISTRATOR-EXECUTIVE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page	e (optional)	50.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION OF COMMITTEE (In Full)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS M KELLEY JR. Mailing Address 180 SIMMONS DRIV	/E State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
MILLWOOD  FEC ID number of contributing federal political committee.	WV	25262	Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼		TRATOR-EXECUTIVE  9 Year-to-Date ▼  260.00	
Full Name (Last, First, Middle Initial) WALTER J KIELAR Mailing Address 12 BLANTYRE CIR	Date of Receipt  0 4 1 5 2 0 1 1		
City THORNTON  FEC ID number of contributing federal political committee.	State PA	Zip Code 19373	Transaction ID: SA11AI.43965  Amount of Each Receipt this Period  150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	_, -	n EENTERS OPERATIONS • Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) WALTER J KIELAR Mailing Address 12 BLANTYRE CIR			Date of Receipt
City THORNTON  FEC ID number of contributing federal political committee.	State PA	Zip Code 19373	Transaction ID: SA11AI.43966  Amount of Each Receipt this Period  150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	<del>-                                    </del>	EENTERS OPERATIONS  2 Year-to-Date   1350.00	]
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	320.00

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)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
GENESIS HEALTHCARE CORPOR	ATION POLIT	TICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) WALTER J KIELAR			Date of Receipt
Mailing Address 12 BLANTYRE CIR	Ctata	7:n Oada	05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.43967
THORNTON	PA	19373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-SR C	n ENTERS OPERATIONS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) WALTER J KIELAR			Date of Receipt
Mailing Address 12 BLANTYRE CIR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.43968
THORNTON	PA	19373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-SR C	n ENTERS OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
WALTER J KIELAR  Mailing Address 12 BLANTYRE CIR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.43969
THORNTON	PA	19373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-SR C	n ENTERS OPERATIONS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1800.00	
SUBTOTAL of Receipts This Page (optional)			450.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RATION POLITICAL ACTION COMMITTE	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WALTER J KIELAR	RATION POLITICAL ACTION COMMITTE	Date of Receipt
Mailing Address 12 BLANTYRE CIR	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
THORNTON	PA 19373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SR CENTERS OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE		Date of Receipt
-		04 15 2011
City THORNTON	State Zip Code PA 19373	Transaction ID: SA11AI.44490
FEC ID number of contributing federal political committee.	C 19373	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SN ALF SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI	1	Date of Receipt
Mailing Address 18 MEMEL DRIVE		0 4 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44491
THORNTON	PA 19373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SN ALF SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (options	ıl)	250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any personal part of the name and address of any political committee to TION POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI Mailing Address 18 MEMEL DRIVE  City THORNTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code PA 19373  C  Occupation VP-SN ALF SYSTEMS  Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y  O 5 1 3 2 0 1 1  Transaction ID: SA11AI.44492  Amount of Each Receipt this Period  50.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MARY ANNE KUROWSKI  Mailing Address 18 MEMEL DRIVE	500.00	Date of Receipt  0 5 2 7 2 0 1 1
City THORNTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION	State Zip Code PA 19373  C  Occupation VP-SN ALF SYSTEMS	Transaction ID: SA11AI.44493  Amount of Each Receipt this Period  50.00
Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  MARY ANNE KUROWSKI	Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Mailing Address 18 MEMEL DRIVE  City THORNTON  FEC ID number of contributing federal political committee.	State Zip Code PA 19373	Transaction ID: SA11AI.44494  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP-SN ALF SYSTEMS Aggregate Year-to-Date  600.00	
SUBTOTAL of Receipts This Page (optional) .		150.00

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any personal part of the name and address of any political committee to TION POLITICAL ACTION COMMITTEE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARY ANNE KUROWSKI  Mailing Address 18 MEMEL DRIVE  City  THORNTON  FEC ID number of contributing federal political committee.	State Zip Code PA 19373	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-SN ALF SYSTEMS Aggregate Year-to-Date  650.00	
Full Name (Last, First, Middle Initial) WENDY LABATE Mailing Address 36 MACDONALD DRI City NASHUA	VE State Zip Code NH 03062	Date of Receipt  M M M / D D / Y Y Y Y Y  0 4 1 5 2 0 1 1  Transaction ID: SA11AI.44649  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  □ Primary □ General ○ Other (specify) ▼	Occupation VICE PRESIDENT-CLINICAL SVS Aggregate Year-to-Date  800.00	100.00
Full Name (Last, First, Middle Initial) WENDY LABATE Mailing Address 36 MACDONALD DRI	VE	Date of Receipt
City  NASHUA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify)	State Zip Code NH 03062  C  Occupation VICE PRESIDENT-CLINICAL SVS  Aggregate Year-to-Date  900.00	Transaction ID: SA11AI.44650  Amount of Each Receipt this Period  100.00
	l	250.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 109 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	name and address of any p	political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) WENDY LABATE  Mailing Address 36 MACDONALD DRIN  City NASHUA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Cod NH 03062  C Occupation VICE PRESIDENT-6 Aggregate Year-to-Date	CLINICAL SVS	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) WENDY LABATE  Mailing Address 36 MACDONALD DRIV  City NASHUA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Cod NH 03062  C  Occupation VICE PRESIDENT-0 Aggregate Year-to-Date	le CLINICAL SVS	Date of Receipt    M
Full Name (Last, First, Middle Initial) WENDY LABATE  Mailing Address 36 MACDONALD DRIV  City NASHUA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Cod NH 03062  C Occupation VICE PRESIDENT-0 Aggregate Year-to-Date	CLINICAL SVS	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	300.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WENDY LABATE	D1) (E		Date of Receipt
Mailing Address 36 MACDONALD Di	RIVE State	Zip Code	0 6 2 4 2 0 1 1  Transaction ID: SA11AI.44654
NASHUA	NH	03062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	n ESIDENT-CLINICAL SVS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) LAURENCE F LANE			Date of Receipt
Mailing Address 1616 STEPHENS D	04 15 2011		
City	State	Zip Code	Transaction ID: SA11AI.44815
WAYNE	PA	19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ERNMENT RELATIONS	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		800.00	
Full Name (Last, First, Middle Initial) LAURENCE F LANE			Date of Receipt
Mailing Address 1616 STEPHENS D	RIVE		04 29 2011
City	State	Zip Code	Transaction ID: SA11AI.44816
WAYNE	PA	19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del></del>	ERNMENT RELATIONS	
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	900.00	
	<u> </u>		300.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 234 (check only one)    X
<del></del>	formation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	ENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	:
LAU	Name (Last, First, Middle Initial) JRENCE F LANE			Date of Receipt
Mai ————————————————————————————————————	ling Address 1616 STEPHENS DR	IVE State	Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11AI.44817
	AYNE	PA	19087	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		100.00
	me of Employer NESIS HEALTHCARE CORPOR- ION	Occupatio VP GOV	n ERNMENT RELATIONS	
	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Name (Last, First, Middle Initial) JRENCE F LANE			Date of Receipt
Mai	ling Address 1616 STEPHENS DR	IVE		0 5 2 7 Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.44818
	AYNE	PA	19087	Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C		100.00
<u>ATI</u>	ne of Employer NESIS HEALTHCARE CORPOR- ION		ERNMENT RELATIONS	
Rec	ceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	1100.00	
	Name (Last, First, Middle Initial) JRENCE F LANE			Date of Receipt
Mai	ling Address 1616 STEPHENS DR	IVE		0 6 1 0 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.44819
	AYNE	PA	19087	Amount of Each Receipt this Period
fede	C ID number of contributing eral political committee.	C		100.00
<u>ATI</u>	ne of Employer NESIS HEALTHCARE CORPOR- ION		ERNMENT RELATIONS	
Rec	ceipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
	OTAL of Receipts This Page (optional) .	_1		300.00

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)  X 11a 11b 11c 12  13 14 15 16		
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	≣	
	Full Name (Last, First, Middle Initial) LAURENCE F LANE			Date of Receipt	
	Mailing Address 1616 STEPHENS DR		7:p Code	06 24 2011	
	City WAYNE	State PA	Zip Code 19087	Transaction ID: SA11AI.44820  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General		ERNMENT RELATIONS  Year-to-Date ▼		
_	Other (specify) ▼	0 0	1300.00		
	Full Name (Last, First, Middle Initial)  MARK W LATHAM  Mailing Address 100 CRAM ROAD			Date of Receipt  0 5 2 7 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.44766	
	SANBORNTON	NH	03269	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_, .	TRATOR		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00		
	Full Name (Last, First, Middle Initial) MARK W LATHAM			Date of Receipt	
	Mailing Address 100 CRAM ROAD			M M / D D / Y Y Y Y Y O D D / Y D D D D D D D D D D D D D D D D	
	City	State	Zip Code	Transaction ID: SA11AI.44767	
	SANBORNTON FEC ID number of contributing federal political committee.	C	03269	Amount of Each Receipt this Period  20.00	
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00		
Γ	SUBTOTAL of Receipts This Page (optional)			140.00	

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 234 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF	name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARK W LATHAM Mailing Address 100 CRAM ROAD  City SANBORNTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For: Primary General Other (specify)	State Zip Code NH 03269  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date  260.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARGARET A LEONARD Mailing Address 1208 DULANEY WOO  City COCKEYSVILLE FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	DS ROAD  State Zip Code MD 21030  C  Occupation DIRECTOR-INFORMATION SYSTE Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) MARGARET A LEONARD Mailing Address 1208 DULANEY WOO  City COCKEYSVILLE  FEC ID number of contributing federal political committee.	250.00  DS ROAD  State Zip Code MD 21030  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-INFORMATION SYSTE Aggregate Year-to-Date  300.00	EMS 2
SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLITICAL ACTION COMMITTEI	<b>=</b>
Full Name (Last, First, Middle Initial) JOHN F LOOME	21.05.111	Date of Receipt
Mailing Address 3523 RUNNYMEDE F	·	04 15 2011
City WASHINGTON	State Zip Code DC 20015	Transaction ID: SA11AI.45028  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) JOHN F LOOME		Date of Receipt
Mailing Address 3523 RUNNYMEDE F	PLACE,NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45029
WASHINGTON  FEC ID number of contributing federal political committee.	DC 20015	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) JOHN F LOOME		Date of Receipt
Mailing Address 3523 RUNNYMEDE F	PLACE,NW	05 13 YYYYY 2011
City WASHINGTON	State Zip Code DC 20015	Transaction ID: SA11AI.45030  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		150.00

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)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) JOHN F LOOME			Date of Receipt
Mailing Address 3523 RUNNYMEDE	PLACE,NW		M M / D D / Y Y Y Y O D D / 27 2011
City WASHINGTON	State DC	Zip Code 20015	Transaction ID: SA11AI.45031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SENI	n OR MEDICAL AFFAIRS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) JOHN F LOOME			Date of Receipt
Mailing Address 3523 RUNNYMEDE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WASHINGTON	State DC	Zip Code 20015	Transaction ID: SA11AI.45032  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20010	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-SENI	n OR MEDICAL AFFAIRS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) JOHN F LOOME			Date of Receipt
Mailing Address 3523 RUNNYMEDE	PLACE,NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code 20015	Transaction ID: SA11AI.45033  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20013	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR MEDICAL AFFAIRS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	]
SUBTOTAL of Receipts This Page (optional	<u> </u>		150.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 116 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold e name and address of any p	or used by any person political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTI	ON COMMITTEE	
Full Name (Last, First, Middle Initial)  DONALEE A LOUX  Mailing Address 118 SCOTTS GLEN F	20AD		Date of Receipt
City	State Zip Cod	0	04 15 2011
LINCOLN UNIVERSITY	PA 19352		Transaction ID: SA11AI.44176  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-FINANG	CIAL SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	400.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX	1		Date of Receipt
Mailing Address 118 SCOTTS GLEN F	ROAD		0 4 2 9 2 0 1 1
City	State Zip Cod	е	Transaction ID: SA11AI.44177
LINCOLN UNIVERSITY  FEC ID number of contributing federal political committee.	PA 19352		Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-FINANCE	CIAL SYSTEMS	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	450.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX	1		Date of Receipt
Mailing Address 118 SCOTTS GLEN F	ROAD		05 13 YYYYY 2011
City LINCOLN UNIVERSITY	State Zip Cod PA 19352	е	Transaction ID: SA11AI.44178  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-FINANO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page (optional) .	1		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   11//234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN	ROAD		M M / D D / Y Y Y Y Y O D D / 2 0 1 1
City LINCOLN UNIVERSITY	State PA	Zip Code 19352	Transaction ID: SA11AI.44179  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-FINANCIAL SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.44180
LINCOLN UNIVERSITY  FEC ID number of contributing federal political committee.	C	19352	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-FINANCIAL SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) DONALEE A LOUX			Date of Receipt
Mailing Address 118 SCOTTS GLEN	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LINCOLN UNIVERSITY	State PA	Zip Code 19352	Transaction ID: SA11AI.44181  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10002	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-FINANCIAL SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
	l		150.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 118 / 234   (check only one)
any information copied from such Reports and r for commercial purposes, other than using the	Statements may be name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA			
Full Name (Last, First, Middle Initial) PAUL MAHONEY			Date of Receipt
Mailing Address 49 BARRY AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOMERSET	State MA	Zip Code 02726	Transaction ID: SA11AI.44325  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	DR-HOSPITALITY SERVICE	<del>-</del> ES
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) PAUL MAHONEY			Date of Receipt
Mailing Address 49 BARRY AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOMERSET	State MA	Zip Code 02726	Transaction ID: SA11AI.44326  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	DR-HOSPITALITY SERVICE	<del>-</del> ES
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) PAUL MAHONEY			Date of Receipt
Mailing Address 49 BARRY AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOMERSET	State MA	Zip Code 02726	Transaction ID: SA11AI.44327
FEC ID number of contributing federal political committee.	C	02720	Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n DR-HOSPITALITY SERVICE	ES
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)			60.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MAUREEN G MALEY  Mailing Address 271 BROOK FARMS	S ROAD		Date of Receipt
City  LANCASTER	State PA	Zip Code 17601	Transaction ID: SA11AI.44388  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ASSOCIA	n ATE COUNSEL	40.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) MAUREEN G MALEY Mailing Address 271 BROOK FARMS	S ROAD		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44389
LANCASTER	PA	17601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>_ , '</del>	ATE COUNSEL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]
Full Name (Last, First, Middle Initial) MAUREEN G MALEY			Date of Receipt
Mailing Address 271 BROOK FARMS	S ROAD		05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.44390
LANCASTER  FEC ID number of contributing federal political committee.	C	17601	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Property For:	<del>_ , '</del>	ATE COUNSEL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]
SUBTOTAL of Receipts This Page (optional	\		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   120 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR.	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial)  MAUREEN G MALEY			Date of Receipt
Mailing Address 271 BROOK FARMS	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LANCASTER	State PA	Zip Code 17601	Transaction ID: SA11AI.44391  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ASSOCIA	n ATE COUNSEL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) MAUREEN G MALEY			Date of Receipt
Mailing Address 271 BROOK FARMS	ROAD		0 6 1 0 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44392
LANCASTER  FEC ID number of contributing federal political committee.	C	17601	Amount of Each Receipt this Period 40.00
	Occupation	n	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ATE COUNSEL	
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		480.00	
Full Name (Last, First, Middle Initial) MAUREEN G MALEY			Date of Receipt
Mailing Address 271 BROOK FARMS	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44393
LANCASTER	PA	17601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ATE COUNSEL	
Receipt For:    Primary   General	Aggregate	Year-to-Date ▼	
Other (specify)		520.00	
			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 121 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any personame and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GREGORY MARKS  Mailing Address 700 ELWOOD ROAD  City ELWOOD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08217  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date  220.00	Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: SA11AI.44860  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) GREGORY MARKS  Mailing Address 700 ELWOOD ROAD  City ELWOOD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08217  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date  240.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44861  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) GREGORY MARKS  Mailing Address 700 ELWOOD ROAD  City ELWOOD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code NJ 08217  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date  260.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only one)
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
/	RATION POLITICAL ACTION COMMIT	TEE
Full Name (Last, First, Middle Initial) JOSEPH MASON	TW DDIVE	Date of Receipt
Mailing Address 667 MOUNTAIN VII		04 15 2011
City OAKLAND	State Zip Code MD 21550	Transaction ID: SA11AI.44116  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 21330	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-CENTERS G	ROUP
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	0 0
Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VII	EW DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44117
OAKLAND	MD 21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-CENTERS G	ROUP
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VII	EW DRIVE	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44118
OAKLAND	MD 21550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-CENTERS G	ROUP
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
		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 123 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VIEV  City	V DRIVE State Zip Code	0 5 27 2011
OAKLAND	MD 21550	Transaction ID: SA11AI.44119  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation VICE PRESIDENT-CENTERS GROUP Aggregate Year-to-Date ▼ 1650.00	P
Other (specify) ▼  Full Name (Last, First, Middle Initial)  JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VIEW	V DRIVE	0 6 1 0 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44120
OAKLAND FEC ID number of contributing	MD 21550	Amount of Each Receipt this Period
federal political committee.	C	130.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-CENTERS GROUP	P
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial) JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VIEV	V DRIVE	0 6 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44121
OAKLAND  FEC ID number of contributing federal political committee.	MD 21550	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PRESIDENT-CENTERS GROUI	P
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	1950.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 234 (check only one)    X   11a
or for	commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) ENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	≣
. <u>L</u> C	ull Name (Last, First, Middle Initial) DIS MCCASKEY			Date of Receipt
M	ailing Address 602 S. CONCORD Ro	OAD 		04 / 15 / 2011
Ci M	ity VEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11AI.43984  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	19302	50.00
	ame of Employer ENESIS HEALTHCARE CORPOR- TION	Occupation DIRECT	on OR-SR LABOR MGMT	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
	ull Name (Last, First, Middle Initial) DIS MCCASKEY	<u> </u>		Date of Receipt
М	ailing Address 602 S. CONCORD Ro	OAD		0 4 2 9 2 0 1 1
	ity	State	Zip Code	Transaction ID: SA11AI.43985
FE	VEST CHESTER  EC ID number of contributing deral political committee.	PA C	19382	Amount of Each Receipt this Period  50.00
	ame of Employer ENESIS HEALTHCARE CORPOR- TION	Occupation DIRECT	on OR-SR LABOR MGMT	
Re [	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	ull Name (Last, First, Middle Initial) DIS MCCASKEY			Date of Receipt
М	ailing Address 602 S. CONCORD Ro	OAD		05 13 2011
Ci	•	State	Zip Code	Transaction ID: SA11AI.43986
FE	VEST CHESTER  EC ID number of contributing deral political committee.	C	19382	Amount of Each Receipt this Period  50.00
<u>A</u>	ame of Employer ENESIS HEALTHCARE CORPOR- TION	Occupation DIRECT	n OR-SR LABOR MGMT	
Re [	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
				150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	f the
Ar	for commercial purposes, other than using th	Statements may not be sold or used by e name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COM	MMITTEE
۸.	Full Name (Last, First, Middle Initial) LOIS MCCASKEY		Date of Receipt
	Mailing Address 602 S. CONCORD Re		05 27 2011
	City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.43987  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-SR LABOR MG	iMT
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00
	Full Name (Last, First, Middle Initial) LOIS MCCASKEY		Date of Receipt
	Mailing Address 602 S. CONCORD Ro	DAD	0 6 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.43988
	WEST CHESTER  FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period  50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-SR LABOR MG	МТ
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
	Full Name (Last, First, Middle Initial) LOIS MCCASKEY	1	Date of Receipt
	Mailing Address 602 S. CONCORD Re	DAD	0 6 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.43989
	WEST CHESTER  FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period  50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-SR LABOR MG	мт
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	UBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any person name and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY S MCELWEE Mailing Address 118 PINE VALLEY RC City		Date of Receipt    M M
AVONDALE FEC ID number of contributing federal political committee.	PA 19311	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-REHAB SYSTEMS  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) GARY'S MCELWEE Mailing Address 118 PINE VALLEY RC	)AD	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45204
AVONDALE  FEC ID number of contributing federal political committee.	PA 19311	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	Occupation VP-REHAB SYSTEMS  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial) GARY S MCELWEE		Date of Receipt
Mailing Address 118 PINE VALLEY RC	)AD	05 13 2011
City AVONDALE	State Zip Code PA 19311	Transaction ID: SA11AI.45205  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-REHAB SYSTEMS Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 127/234   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOI	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) GARY S MCELWEE			Date of Receipt
Mailing Address 118 PINE VALLEY	ROAD		M M / D D / Y Y Y Y Y O D D / 2011
City AVONDALE	State PA	Zip Code 19311	Transaction ID: SA11AI.45206  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REH	n AB SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) GARY S MCELWEE			Date of Receipt
Mailing Address 118 PINE VALLEY	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.45207
AVONDALE  FEC ID number of contributing federal political committee.	C	19311	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REH	n AB SYSTEMS	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)			*
GARYS MCELWEE  Mailing Address 118 PINE VALLEY	ROAD		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.45208
AVONDALE  FEC ID number of contributing federal political committee.	C	19311	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REH	n AB SYSTEMS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional			150.00

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LAURA T MCGINTY  Mailing Address 327 SOUTH VILLAGE	E LANE		Date of Receipt  0 4 1 5 2 0 1 1
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.44182  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13017	35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		ESIDENT-PROFESSIONAL Year-to-Date  280.00	. sv
Full Name (Last, First, Middle Initial) LAURA T MCGINTY Mailing Address 327 SOUTH VILLAGE	E LANE		Date of Receipt  0 4 2 9 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44183
CHADDS FORD  FEC ID number of contributing federal political committee.	C	19317	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		ESIDENT-PROFESSIONAL Year-to-Date  315.00	. sv
Full Name (Last, First, Middle Initial) LAURA T MCGINTY			Date of Receipt
Mailing Address 327 SOUTH VILLAGE	LANE		05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHADDS FORD	State PA	Zip Code 19317	Transaction ID: SA11AI.44184  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VICE PR	1 ESIDENT-PROFESSIONAL	. SV
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional) .			105.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LAURA T MCGINTY  Mailing Address 327 SOUTH VILLAC	GE LANE		Date of Receipt
City CHADDS FORD	State PA	Zip Code 19317	0 5
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		ESIDENT-PROFESSIONAL Year-to-Date  385.00	sv
Full Name (Last, First, Middle Initial) LAURA T MCGINTY Mailing Address 327 SOUTH VILLAC	GE LANE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44186
CHADDS FORD	PA	19317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<u> </u>	ESIDENT-PROFESSIONAL	SV
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]
Full Name (Last, First, Middle Initial) LAURA T MCGINTY			Date of Receipt
Mailing Address 327 SOUTH VILLAC	iE LANE		06 24 2011
City	State	Zip Code	Transaction ID: SA11AI.44187
CHADDS FORD  FEC ID number of contributing federal political committee.	C	19317	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>'</del>	ESIDENT-PROFESSIONAL	SV
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 455.00	
SUBTOTAL of Receipts This Page (optional	1		105.00

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   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Kathryn McGuire			Date of Receipt
Mailing Address 23 Daniel Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Avondale	State PA	Zip Code 19311	Transaction ID: SA11AI.43906  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Genesis HealthCare	Occupation Director	n of Nursing	
Receipt For:  Primary General  Other (specify) ▼	<del> '</del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PAUL J MCGUIRE			Date of Receipt
Mailing Address 280 APPLETON CO	URT		0 4 1 5 2 0 1 1
City KENNETT SQUARE	State PA	Zip Code	Transaction ID: SA11AI.44104
FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPER	n RATIONS	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) PAUL J MCGUIRE			Date of Receipt
Mailing Address 280 APPLETON CO	URT		0 4 2 9 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44105
KENNETT SQUARE  FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		RATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		320.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 234 (check only one)    X
or fo	rinformation copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ne name and add	dress of any political committee to	
<u> </u>	Full Name (Last, First, Middle Initial) PAUL J MCGUIRE		10/12/10/10/10/10/10/10/10/10/10/10/10/10/10/	Date of Receipt
-	Mailing Address 280 APPLETON COL	JRT		0 5 1 3 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.44106
_	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		35.00
1	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPEI	n RATIONS	
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) PAUL J MCGUIRE			Date of Receipt
<u></u>	Mailing Address 280 APPLETON COL	JRT		05 27 YYYYY 2011
	City	State	Zip Code	Transaction ID: SA11AI.44107
_	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPER	n RATIONS	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 385.00	
	Full Name (Last, First, Middle Initial) PAUL J MCGUIRE			Date of Receipt
-	Mailing Address 280 APPLETON COL	JRT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(	City	State	Zip Code	Transaction ID: SA11AI.44108
<u> </u>	KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		35.00
1	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPEI	n RATIONS	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
	BTOTAL of Receipts This Page (optional)	1		105.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PAUL J MCGUIRE  Mailing Address 280 APPLETON CO	URT		Date of Receipt
City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.44109  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:		RATIONS	35.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 455.00	
WILLIAM T MERRILL  Mailing Address 225 TUDOR DRIVE			Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.44059
NORTH WALES	PA	19454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		OR-HUMAN RESOURCES F	REGNL
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) WILLIAM T MERRILL Mailing Address 225 TUDOR DRIVE	•		Date of Receipt
Walling Address 223 TODON DRIVE			06 10 2011
City	State	Zip Code	Transaction ID: SA11AI.44060
NORTH WALES  FEC ID number of contributing federal political committee.	C	19454	Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Property For:		OR-HUMAN RESOURCES F	REGNL
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]
SUBTOTAL of Receipts This Page (optional)			75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 234 (check only one)    X	
$\leftarrow$	y information copied from such Reports and s for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.	
<u> </u>	GENESIS HEALTHCARE CORPORA  Full Name (Last, First, Middle Initial)	TION POLIT	ICAL ACTION COMMITTEE	: 	
	WILLIAM T MERRILL  Mailing Address 225 TUDOR DRIVE			Date of Receipt	
	City	State	Zip Code	0 6 2 4 2 0 1 1 Transaction ID: SA11AI.44061	
	NORTH WALES	PA	19454	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-HUMAN RESOURCES F		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		260.00		
	Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY			Date of Receipt	
	Mailing Address 2701 BALD EAGLE CIRCLE			04 15 7 2011	
	City State		Zip Code	Transaction ID: SA11AI.45125	
	AUDUBON	PA	19403	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-INFORMATION SYSTEM	и <b>S</b> 2	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
	Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY			Date of Receipt	
	Mailing Address 2701 BALD EAGLE C	CIRCLE		04 29 7 2011	
	City	State	Zip Code	Transaction ID: SA11AI.45126	
	AUDUBON  FFG ID number of contribution	PA	19403	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>-, '</del>	OR-INFORMATION SYSTEM	MS 2	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		450.00		
	JBTOTAL of Receipts This Page (optional) .	1		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 134 / 234 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	ne name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  JOSEPH MONTGOMERY  Mailing Address 2701 BALD EAGLE (	DIRCLE		Date of Receipt  0 5 1 3 2 0 1 1
City AUDUBON	State PA	Zip Code 19403	Transaction ID: SA11AI.45127
FEC ID number of contributing federal political committee.	C	19405	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		DR-INFORMATION SYSTE  Year-to-Date   500.00	MS 2
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY Mailing Address 2701 BALD EAGLE (	CIRCLE		Date of Receipt  0 5 2 7 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.45128
AUDUBON  FEC ID number of contributing federal political committee.	C	19403	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		n DR-INFORMATION SYSTE Year-to-Date ▼ 550.00	MS 2
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY			Date of Receipt
Mailing Address 2701 BALD EAGLE (	CIRCLE		0 6 1 0 2 0 1 1
City AUDUBON	State PA	Zip Code 19403	Transaction ID: SA11AI.45129  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10100	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-INFORMATION SYSTE	MS 2
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH MONTGOMERY  Mailing Address 2701 BALD EAGL		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUDUBON FEC ID number of contributing	State Zip Code PA 19403	Transaction ID: SA11AI.45130  Amount of Each Receipt this Period  50.00
Rame of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	Occupation DIRECTOR-INFORMATION SYSTEM Aggregate Year-to-Date  650.00	
Full Name (Last, First, Middle Initial) LAUREN F MURRAY Mailing Address 19 SHIP STREET		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44739
NEWBURYPORT  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	Occupation VP-REGIONAL SALES AND MTKG	Amount of Each Receipt this Period  50.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	]
Full Name (Last, First, Middle Initial) LAUREN F MURRAY Mailing Address 19 SHIP STREET		Date of Receipt  0 4 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44740
NEWBURYPORT  FEC ID number of contributing federal political committee.	MA 01950	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation VP-REGIONAL SALES AND MTKG Aggregate Year-to-Date ▼	
Other (specify)	450.00	
SUBTOTAL of Receipts This Page (optio	nal)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page  tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 136 / 234 (check only one)    X
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION	name and address of any political committee to  FION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. LAUREN F MURRAY  Mailing Address 19 SHIP STREET		Date of Receipt
City NEWBURYPORT	State Zip Code MA 01950	0 5 1 3 2 0 1 1  Transaction ID: SA11AI.44741  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP-REGIONAL SALES AND MTKG  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) LAUREN F MURRAY Mailing Address 19 SHIP STREET		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWBURYPORT FEC ID number of contributing	State Zip Code MA 01950	Transaction ID: SA11AI.44742  Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	C Occupation VP-REGIONAL SALES AND MTKG Aggregate Year-to-Date ▼  550.00	50.00
Full Name (Last, First, Middle Initial)  LAUREN F MURRAY  Mailing Address 19 SHIP STREET		Date of Receipt
City NEWBURYPORT	State Zip Code MA 01950	Transaction ID: SA11AI.44743  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General  Other (specify) ▼	Occupation VP-REGIONAL SALES AND MTKG  Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	150.00

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

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   13 / / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	<u>:</u>
Full Name (Last, First, Middle Initial) LAUREN F MURRAY			Date of Receipt
Mailing Address 19 SHIP STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWBURYPORT	State MA	Zip Code 01950	Transaction ID: SA11AI.44744  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP-REG	n IONAL SALES AND MTKG	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	0 4 1 5 2 0 1 1		
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44616  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN COURT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44617
FEC ID number of contributing federal political committee.	C	21131	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	]
SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   138 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR			
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	COURT		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44618  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	05 27 YYYY 2011		
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44619  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) KEITH NAUSE			Date of Receipt
Mailing Address 5 COOPERSTOWN	COURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44620  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21101	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP & RE	n GIONAL CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KEITH NAUSE Mailing Address 5 COOPERSTOWN	COLIRT		Date of Receipt
City	State	Zip Code	0 6 2 4 2 0 1 1 Transaction ID: SA11AI.44621
PHOENIX  FEC ID number of contributing federal political committee.	C	21131	Amount of Each Receipt this Period 50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		GIONAL CONTROLLER  Year-to-Date   650.00	
Full Name (Last, First, Middle Initial) THOMAS P O'DONNELL Mailing Address 78 ST.DAVIDS ROA	.D		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.44982
SPRINGFIELD PA		19064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>'</del>	OR-FINANCIAL ANALYSIS I	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) THOMAS P O'DONNELL	<b>'</b>		Date of Receipt
Mailing Address 78 ST.DAVIDS ROA	7D		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State PA	Zip Code	Transaction ID: SA11AI.44983
SPRINGFIELD  FEC ID number of contributing federal political committee.	C	19064	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-FINANCIAL ANALYSIS I	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)			130.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 234 (check only one)    X
A 0	ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	<u> </u>
۸.	Full Name (Last, First, Middle Initial) THOMAS P O'DONNELL			Date of Receipt
	Mailing Address 78 ST.DAVIDS ROAD	)		05 / 13 / 2011
	City SPRINGFIELD	State PA	Zip Code	Transaction ID: SA11AI.44984
	FEC ID number of contributing federal political committee.	C	19064	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECT	on OR-FINANCIAL ANALYSIS	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) THOMAS P O'DONNELL  Mailing Address 70 CT DAVIDS DOAS			Date of Receipt
	Mailing Address 78 ST.DAVIDS ROAD	05 27 2011		
	City	State	Zip Code	Transaction ID: SA11AI.44985
	SPRINGFIELD  FEC ID number of contributing federal political committee.	PA C	19064	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_	OR-FINANCIAL ANALYSIS	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
·.	Full Name (Last, First, Middle Initial) THOMAS P O'DONNELL			Date of Receipt
	Mailing Address 78 ST.DAVIDS ROAD	)		0 6 1 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.44986
	SPRINGFIELD  FEC ID number of contributing federal political committee.	C	19064	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECT	on OR-FINANCIAL ANALYSIS	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
Г		I		120.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 234 (check only one)    X
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS P O'DONNELL	2040	Date of Receipt
Mailing Address 78 ST.DAVIDS F  City		0 6 2 4 2 0 1 1
SPRINGFIELD	State Zip Code PA 19064	Transaction ID: SA11AI.44987  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-FINANCIAL ANALYSIS I	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY		Date of Receipt
Mailing Address 79 BROAD STRI	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State Zip Code	Transaction ID: SA11AI.44598
HOLLIS  FEC ID number of contributing federal political committee.	NH 03049	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY		Date of Receipt
Mailing Address 79 BROAD STRI	EET	04 29 2011
City	State Zip Code	Transaction ID: SA11AI.44599
HOLLIS FEC ID number of contributing federal political committee.	NH 03049	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
	onal)	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 142 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY  Mailing Address 79 BROAD STREET			Date of Receipt  0 5 1 3 2 0 1 1
City HOLLIS  FEC ID number of contributing federal political committee.	State NH	Zip Code 03049	Transaction ID: SA11AI.44600  Amount of Each Receipt this Period  40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		n RATIONS e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  ARTHUR L O'LEARY  Mailing Address 79 BROAD STREET			Date of Receipt  0 5 2 7 2 0 1 1
City HOLLIS  FEC ID number of contributing federal political committee.	State NH	Zip Code 03049	Transaction ID: SA11AI.44601  Amount of Each Receipt this Period  40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio VP OPE	n RATIONS e Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 79 BROAD STREET			Date of Receipt
City HOLLIS FEC ID number of contributing federal political committee.	State NH	Zip Code 03049	0 6
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	<del>- ' '</del>	n RATIONS e Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional) .		<b>)</b>	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 143 / 234 (check only one)    X	
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) ARTHUR L O'LEARY Mailing Address 79 BROAD STREET		7:a Cada	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City HOLLIS  FEC ID number of contributing federal political committee.	State NH	Zip Code 03049	Transaction ID: SA11AI.44603  Amount of Each Receipt this Period  40.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼		n RATIONS e Year-to-Date ▼ 520.00		
Full Name (Last, First, Middle Initial)  MARY M PERKINS  Mailing Address 16835 PEMBROKE	ROAD		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: SA11AI.44680	
LEWES FEC ID number of contributing federal political committee.	C	19958	Amount of Each Receipt this Period  25.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n OR-SR QUALITY e Year-to-Date ▼		
Primary General Other (specify) ▼	99.53	225.00		
Full Name (Last, First, Middle Initial) MARY M PERKINS	•		Date of Receipt	
Mailing Address 16835 PEMBROKE	Mailing Address 16835 PEMBROKE ROAD			
City	State	Zip Code 19958	0 5 1 3 2 0 1 1 Transaction ID: SA11AI.44681	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period  25.00	
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n OR-SR QUALITY e Year-to-Date ▼		
Primary General Other (specify) ▼	Aggregate	250.00		
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	90.00	
TOTAL This Period (last page this line numb	er only)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARY M PERKINS  Mailing Address 16835 PEMBROKE	ROAD		Date of Receipt  0 5 2 7 2 0 1 1
City  LEWES  FEC ID number of contributing federal political committee.	State DE	Zip Code 19958	Transaction ID: SA11AI.44682  Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION  Receipt For:  Primary  General  Other (specify) ▼	<del></del>	n DR-SR QUALITY e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) MARY M PERKINS Mailing Address 16835 PEMBROKE	ROAD		Date of Receipt  0 6 1 0 2 0 1 1
City LEWES	State DE	Zip Code 19958	Transaction ID: SA11AI.44683  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)		n OR-SR QUALITY • Year-to-Date ▼	25.00
Full Name (Last, First, Middle Initial) MARY M PERKINS  Mailing Address 16835 PEMBROKE			
City  LEWES  FEC ID number of contributing federal political committee.	State DE	Zip Code 19958	Transaction ID: SA11AI.44684  Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	<del>- ' '</del>	DR-SR QUALITY  e Year-to-Date ▼  325.00	]
SUBTOTAL of Receipts This Page (optional)	)		75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 234 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPORAT	TION POLIT	TICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS			Date of Receipt
Mailing Address 1816 LENAPE -UNION	IVILLE RD		04 15 2011
City	State	Zip Code	Transaction ID: SA11AI.45155
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-RISK MANAGEM	ENT
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1400.00	
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS			Date of Receipt
Mailing Address 1816 LENAPE -UNION	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.45156
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-RISK MANAGEM	─- ENT
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1575.00	
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS			Date of Receipt
Mailing Address 1816 LENAPE -UNION	IVILLE RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45157
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-RISK MANAGEM	ENT
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1750.00	]
SUBTOTAL of Receipts This Page (optional)			525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS		Date of Receipt
Mailing Address 1816 LENAPE -UNIO		05 27 2011
City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.45158  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation VICE PRESIDENT-RISK MANAGEME	- ENT
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00	
Full Name (Last, First, Middle Initial) JEANNE PHILLIPS		Date of Receipt
Mailing Address 1816 LENAPE -UNIO	NVILLE RD	06 10 7 2011
City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.45159
FEC ID number of contributing federal political committee.	PA 19382	Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation VICE PRESIDENT-RISK MANAGEME Aggregate Year-to-Date ▼  2100.00	- ENT
Other (specify)		
Full Name (Last, First, Middle Initial)  JEANNE PHILLIPS		Date of Receipt
Mailing Address 1816 LENAPE -UNIO	NVILLE RD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State Zip Code PA 19382	Transaction ID: SA11AI.45160  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 19302	175.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation VICE PRESIDENT-RISK MANAGEME Aggregate Year-to-Date  2275.00	ENT
SUBTOTAL of Receipts This Page (optional) .		525.00
TOTAL This Period (last page this line numbe	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and addr	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN C RALEY Mailing Address 3810 DONERIN WAY  City PHOENIX	State MD	Zip Code 21131	Date of Receipt    M M
FEC ID number of contributing federal political committee.	C	21131	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		SIDENT-REGNL HUMAN Year-to-Date  400.00	RES
Full Name (Last, First, Middle Initial) JOHN C RALEY Mailing Address 3810 DONERIN WAY			Date of Receipt  0 4 2 9 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44797
PHOENIX  FEC ID number of contributing federal political committee.	MD C	21131	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		SIDENT-REGNL HUMAN /ear-to-Date ▼ 450.00	RES
Full Name (Last, First, Middle Initial) JOHN C RALEY	<u> </u>		Date of Receipt
Mailing Address 3810 DONERIN WAY			05 13 2011
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44798  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		SIDENT-REGNL HUMAN	RES
Primary General Other (specify) ▼	Aggregate	500.00	
SUBTOTAL of Receipts This Page (optional)	•		150.00

FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 148 / 234   (check only one)     X
nny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HEALTHCARE CORPORA  Full Name (Last, First, Middle Initial)	HON POLIT	ICAL ACTION COMMITTEE	=
JOHN C RALEY Mailing Address 3810 DONERIN WAY			Date of Receipt  0 5 2 7 2 0 1 1
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ESIDENT-REGNL HUMAN	RES
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 550.00	]
Full Name (Last, First, Middle Initial) JOHN C RALEY Mailing Address 3810 DONERIN WAY			Date of Receipt  0 6 1 0 2 0 1 1
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44800  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	. '	ESIDENT-REGNL HUMAN  Year-to-Date   600.00	RES
Full Name (Last, First, Middle Initial) JOHN C RALEY	0 0		Date of Receipt
Mailing Address 3810 DONERIN WAY			0 6 2 4 2 0 1 1
City PHOENIX	State MD	Zip Code 21131	Transaction ID: SA11AI.44801  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	. '	n ESIDENT-REGNL HUMAN e Year-to-Date ▼	RES
Primary General Other (specify) ▼	591 59att	650.00	
	1		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 149 / 234 (check only one)  X 11a 11b 11c 12
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORAT	ION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN			Date of Receipt
Mailing Address 156 REVERKNOLLS			0 4 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.45365
AVON	СТ	06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REG	n IONAL MEDICAL DIRECTOR	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	400.00	
Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN			Date of Receipt
Mailing Address 156 REVERKNOLLS			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45366
AVON	CT	06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REG	n IONAL MEDICAL DIRECTOR	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		450.00	
Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN			Date of Receipt
Mailing Address 156 REVERKNOLLS			05 13 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45367
AVON	СТ	06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-REG	n IONAL MEDICAL DIRECTOR	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	

;	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 150 / 234					
	TEMIZED RECEIPTS	for each category of the	(check only one)					
	I EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12					
		, ,	13 14 15 16 17					
	Any information copied from such Reports and State	nents may not be sold or used by any person	for the purpose of soliciting contributions					
	or for commercial purposes, other than using the nan  NAME OF COMMITTEE (In Full)	ne and address of any political committee to s	solicit contributions from such committee.					
	` '	L DOLLTION ACTION COMMITTEE						
	GENESIS HEALTHCARE CORPORATION	N POLITICAL ACTION COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN							
	Mailing Address 156 REVERKNOLLS		05 27 2011					
	City	State Zip Code	Transaction ID: SA11AI.45368					
	AVON	CT 06001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	50.00					
		Occupation	1					
	ATION	/P-REGIONAL MEDICAL DIRECTOR	<u>i</u>					
		Aggregate Year-to-Date ▼						
	Primary General	550.00						
	Other (specify) ▼							
- В.	Full Name (Last, First, Middle Initial) RICHARD JAY RASKIN		Date of Receipt					
	Mailing Address 156 REVERKNOLLS		M M / D D / Y Y Y Y					
			06 10 2011					
	City	State Zip Code	Transaction ID: SA11AI.45369					
	AVON	CT 06001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	50.00					
	Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	1					
	ATION	/P-REGIONAL MEDICAL DIRECTOR						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General	600.00						
	Other (specify) ▼	600.00						
_	Full Name (Last, First, Middle Initial)		Data of Descipt					
C.	RICHARD JAY RASKIN  Mailing Address 156 REVERKNOLLS	Date of Receipt						
			06 24 2011					
	City	State Zip Code	Transaction ID: SA11AI.45370					
	AVON	CT 06001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	50.00					
	GENESIS HEALTHCARE CORPOR- ATION	Occupation /P-REGIONAL MEDICAL DIRECTOR						
		Aggregate Year-to-Date ▼						
	Primary General	650.00						
	Other (specify) ▼	000.00						
Γ	L							
	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00					
- 1								

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   151 / 234   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
Mailing Address 130 DEEP HOLLOV	W ROAD		M M / D D / Y Y Y Y Y O 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.45006  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ASSOCIA	n ATE COUNSEL	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
Mailing Address 130 DEEP HOLLOW	W ROAD		0 4 2 9 Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.45007
KING OF PRUSSIA  FEC ID number of contributing federal political committee.	C	19406	Amount of Each Receipt this Period 40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ASSOCIA	n ATE COUNSEL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
Mailing Address 130 DEEP HOLLOV	W ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.45008  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation ASSOCIA	n ATE COUNSEL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 234 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) RICHARD REILLY Mailing Address 130 DEEP HOLLOW	DOAD		Date of Receipt
			7:- Onda	05 27 2011
	City KING OF PRUSSIA	State PA	Zip Code 19406	Transaction ID: SA11AI.45009  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		ATE COUNSEL  e Year-to-Date ▼  440.00	]
_	Full Name (Last, First, Middle Initial) RICHARD REILLY Mailing Address 130 DEEP HOLLOW I	Date of Receipt  0 6 1 0 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.45010
	KING OF PRUSSIA	PA	19406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio ASSOCI	n ATE COUNSEL	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) RICHARD REILLY			Date of Receipt
	Mailing Address 130 DEEP HOLLOW I	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City KING OF PRUSSIA	State	Zip Code	Transaction ID: SA11AI.45011
	FEC ID number of contributing federal political committee.	C	19406	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio ASSOCI	n ATE COUNSEL	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 520.00	
	SUBTOTAL of Receipts This Page (optional)	1		120.00

## SCHEDULE A (FEC Form 3X)

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.    NAME OF COMMITTEE (in Full)	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Name of Employer General Other (specify) ▼ State Zip Code COCKEYSVILLE MD 21030  FEC ID number of contributing federal political committee.  C C Cocupation PRESIDENT-DIVISIONAL Robert A REITZ Mailing Address 13005 JEROME JAY DRIVE  City State Zip Code MD 21030  Amount of Each Receipt this Period  Transaction ID: SA11AI.43930 Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.43930  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.43930  Amount of Each Receipt this Period  Transaction ID: SA11AI.43930  Transa	or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
City COCKEYSVILLE MD 21030  FEC ID number of contributing federal political committee.  C  Same of Employer General Other (specify) ▼  Inc.  City COCKEYSVILLE MD 21030  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C  C  Date of Receipt  Inc. Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Inc. City COCKEYSVILLE MD 21030  FEC ID number of contributing federal political committee.  C  Date of Receipt  Inc. City CockeysVILLE MD 21030  FEC ID number of contributing federal political committee.  C  Same of Employer General Other (specify) ▼  Inc. Receipt Toributing federal political committee.  C  Date of Receipt  Inc. City CockeysVILLE MD 21030  FULL Name (Last, First, Middle Initial) ROBERT A REITZ  Mailing Address 13005 JEROME JAY DRIVE  City City CockeysVILLE MD 21030  Full Name (Last, First, Middle Initial) ROBERT A REITZ  Mailing Address 13005 JEROME JAY DRIVE  City CockeysVILLE MD 21030  Full Name (Last, First, Middle Initial) ROBERT A REITZ  Mailing Address 13005 JEROME JAY DRIVE  City CockeysVILLE MD 21030  FULL Name (Last, First, Middle Initial) ROBERT A REITZ  Mailing Address 13005 JEROME JAY DRIVE  City CockeysVILLE MD 21030  FEC ID number of contributing federal political committee.  C  C  CockeysVILLE MD 21030  FEC ID number of contributing federal political committee.  C  C  Aggregate Year-to-Date ▼  Inc. Inc. Receipt For: PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  Inc. Inc. Receipt For: PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  Inc. Inc. Receipt For: Primary General Other (specify) ▼  Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc	ROBERT A REITZ	AY DRIVE	╡ '
FEC ID number of contributing federal political committee.    Name of Employer GENESIS HEALTH VENTURES, ROCKEYSVILLE   Coupation PRESIDENT-DIVISIONAL	City	State Zip Code	0 4 1 5 2 0 1 1 Transaction ID: SA11AI.43930
Receipt For:	FEC ID number of contributing		
Aggregate Year-to-Date   Full Name (Last, First, Middle Initial) City State Zip Code FEC ID number of contributing Cother (specify)  City State Zip Code MD 21030  FEUI Name of Employer GENESIS HEALTH VENTURES, COCKEYSVILLE MD 21030  FUll Name (Last, First, Middle Initial) City State Zip Code Description  PRESIDENT-DIVISIONAL  Aggregate Year-to-Date  MD 21030  Date of Receipt  Transaction ID: SA11Al.43931  Amount of Each Receipt his Period  Full Name (Last, First, Middle Initial) City State Zip Code COCKEYSVILLE MD 21030  Date of Receipt  Transaction ID: SA11Al.43931  Date of Receipt  Transaction ID: SA11Al.43931  Transaction ID: SA11Al.43932  Amount of Each Receipt  Transaction ID: SA11Al.43932  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)  General Other (specify)  Transaction ID: SA11Al.43932  Amount of Each Receipt his Period  165.00	INC. Receipt For: Primary General	PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  1245.00	
City State Zip Code MD 21030  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. ROBERT A REITZ  Mailing Address 13005 JEROME JAY DRIVE  City State Zip Code MD 21030  Date of Receipt Transaction ID: SA11AI.43931  Amount of Each Receipt this Period  165.00  Transaction ID: SA11AI.43931  Amount of Each Receipt this Period  165.00  Transaction ID: SA11AI.43931  Amount of Each Receipt this Period  165.00  Date of Receipt  M M M / D D / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ROBERT A REITZ	AY DRIVE	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) ROBERT A REITZ  Mailing Address 13005 JEROME JAY DRIVE  City State Zip Code MD 21030  FCI D number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Occupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.43932  Amount of Each Receipt this Period  165.00	City	State Zip Code	
Receipt For:    Primary	FEC ID number of contributing		
Primary General Other (specify) ▼  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.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1410.00  Date of Receipt  Transaction ID: SA11AI.43932  Amount of Each Receipt this Period  165.00	Name of Employer GENESIS HEALTH VENTURES, INC.	· · · · · · · · · · · · · · · · · · ·	
Mailing Address 13005 JEROME JAY DRIVE  City State Zip Code COCKEYSVILLE MD 21030  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼  Date of Receipt  NM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City COCKEYSVILLE MD 21030  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary Other (specify) ▼  State Zip Code MD 21030  Amount of Each Receipt this Period  C  C  Coccupation PRESIDENT-DIVISIONAL  Aggregate Year-to-Date ▼  1575.00		I	Date of Receipt
COCKEYSVILLE  MD 21030  Amount of Each Receipt this Period  C	Mailing Address 13005 JEROME J	AY DRIVE	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1575.00	•	· · · · · · · · · · · · · · · · · · ·	
INC. Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1575.00	FEC ID number of contributing	C	
Primary General Other (specify) ▼  1575.00	INC.	· ·	
495.00	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (option	nal)	495.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   154 / 234   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	RATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) ROBERT A REITZ			Date of Receipt
Mailing Address 13005 JEROME JA	Y DRIVE		M M / D D / Y Y Y Y Y O D D / 2 D 1 1
City COCKEYSVILLE	State MD	Zip Code 21030	Transaction ID: SA11AI.43933  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		165.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDE	n ENT-DIVISIONAL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1740.00	
Full Name (Last, First, Middle Initial) ROBERT A REITZ			Date of Receipt
Mailing Address 13005 JEROME JA	Y DRIVE		M M / D D / Y Y Y Y Y O D D / 2011
City COCKEYSVILLE	State MD	Zip Code 21030	Transaction ID: SA11AI.43934
FEC ID number of contributing federal political committee.	C	21030	Amount of Each Receipt this Period  165.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDE	n ENT-DIVISIONAL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1905.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 13005 JEROME JA	Y DRIVE		0 6 2 4 2 0 1 1
City COCKEYSVILLE	State MD	Zip Code 21030	Transaction ID: SA11AI.43935  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21000	165.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation PRESIDE	n ENT-DIVISIONAL	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2070.00	
SUBTOTAL of Receipts This Page (optiona	)		495.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 234 (check only one)    X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	
$\geq$	GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	<u> </u>
	Full Name (Last, First, Middle Initial) PAUL RICKERSHAUSER Mailing Address F. CLINGET COURT			Date of Receipt
	Mailing Address 5 SUNSET COURT  City	State	Zip Code	0 5 2 7 2 0 1 1 Transaction ID: SA11Al.45356
	MEDFORD	NJ	08055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-HUMAN RESOURCES F	 Regnl
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	
	Full Name (Last, First, Middle Initial) PAUL RICKERSHAUSER	1		Date of Receipt
	Mailing Address 5 SUNSET COURT			06 10 7 2011
	City	State	Zip Code	Transaction ID: SA11AI.45357
	MEDFORD	NJ	08055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-HUMAN RESOURCES F	REGNL
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary ☐ General Other (specify) ▼		240.00	
	Full Name (Last, First, Middle Initial) PAUL RICKERSHAUSER	I		Date of Receipt
	Mailing Address 5 SUNSET COURT			06 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.45358
	MEDFORD	NJ	08055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	+ +	OR-HUMAN RESOURCES F	REGNL
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		260.00	
_		1		60.00

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPORAT	TION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)  CAROL ROHRBAUGH  Mailing Address 1749 PRESCOTT ROA	AD	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.45311  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-AREA SALES & MARKETING Aggregate Year-to-Date ▼  507.68	
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH Mailing Address 1749 PRESCOTT ROA	AD	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.45312  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA SALES & MARKETING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 571.14	
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROA		05 13 2011
City YORK	State Zip Code PA 17403	Transaction ID: SA11AI.45313  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	63.46
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation VP-AREA SALES & MARKETING  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	634.60	
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)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH Mailing Address 1749 PRESCOTT Ro  City YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	OAD  State Zip Code PA 17403  C  Occupation VP-AREA SALES & MARKETING Aggregate Year-to-Date  698.06	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.45314  Amount of Each Receipt this Period  63.46
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH  Mailing Address 1749 PRESCOTT Ro  City YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General	State Zip Code PA 17403  C  Occupation VP-AREA SALES & MARKETING Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) CAROL ROHRBAUGH Mailing Address 1749 PRESCOTT Ro  City YORK  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼	OAD  State Zip Code PA 17403  C  Occupation VP-AREA SALES & MARKETING Aggregate Year-to-Date  824.98	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		190.38

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	In the sold or used by any persong the sold or used by any persong the sold or used by any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY			Date of Receipt
Mailing Address 15 RUTLAND STRE	ET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44787
DOVER	NH	03820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPEI	n RATIONS	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify)	55 1934	400.00	]
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY			Date of Receipt
Mailing Address 15 RUTLAND STRE	ET		04 29 2011
City	State	Zip Code	Transaction ID: SA11AI.44788
DOVER	NH	03820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPEI	n RATIONS	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY			Date of Receipt
Mailing Address 15 RUTLAND STRE	ET		0 5 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44789
DOVER	NH	03820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPEI	n RATIONS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	]
			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17   17   18   19   19   19   19   19   19   19
or for commercial purposes, other than using the r  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION		
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY Mailing Address 15 RUTLAND STREET		Date of Receipt
City	State Zip Code NH 03820	0 5 2 0 2 0 1 1 Transaction ID: SA11AI.44790
DOVER  FEC ID number of contributing federal political committee.	NH 03820	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date ▼  550.00	
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY Mailing Address 15 RUTLAND STREET		Date of Receipt  Date of Receipt  2 7 2 0 1 1
City  DOVER  FEC ID number of contributing federal political committee.	State Zip Code NH 03820  C	Transaction ID: SA11AI.44791  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP OPERATIONS Aggregate Year-to-Date  600.00	
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY Mailing Address 15 RUTLAND STREET		Date of Receipt
City DOVER	State Zip Code NH 03820	0 6 0 3 2 0 1 1  Transaction ID: SA11AI.44792  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date   650.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  con for the purpose of soliciting contributions
or for commercial purposes, other than using the n  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATI	• •	
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY  Mailing Address 15 RUTLAND STREET		Date of Receipt
City DOVER	State Zip Code NH 03820	0 6 1 0 2 0 1 1 Transaction ID: SA11AI.44793
FEC ID number of contributing federal political committee.	NH 03820	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY Mailing Address 15 RUTLAND STREET		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  DOVER  FEC ID number of contributing federal political committee.	State Zip Code NH 03820  C	Transaction ID: SA11AI.44794  Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP OPERATIONS Aggregate Year-to-Date  750.00	
Full Name (Last, First, Middle Initial) CRAIG S ROWLEY Mailing Address 15 RUTLAND STREET		Date of Receipt
City	State Zip Code NH 03820	Transaction ID: SA11AI.44795  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date   800.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 234 (check only one)    X
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST		Date of Receipt
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.45227  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.47
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼	Occupation ADMINISTRATOR  Aggregate Year-to-Date   271.54	
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City SOUTH WINDSOR FEC ID number of contributing federal political committee.	State Zip Code CT 06074	Transaction ID: SA11AI.45228  Amount of Each Receipt this Period  19.78
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation ADMINISTRATOR  Aggregate Year-to-Date   291.32	
Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST		Date of Receipt
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.45229  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation ADMINISTRATOR  Aggregate Year-to-Date   311.10	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	59.03

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions
GENESIS HEALTHCARE CORPORA	TION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST		04 29 4 2011
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.45230  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.88	
Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST		05 06 Y Y Y Y Y Y
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.45231  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.66	
Full Name (Last, First, Middle Initial) THOMAS RUSSO		Date of Receipt
Mailing Address 561 KING ST		0 5 1 3 2 0 1 1
City SOUTH WINDSOR	State Zip Code CT 06074	Transaction ID: SA11AI.45232  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 370.44	
SUBTOTAL of Receipts This Page (optional)		59.34
TOTAL This Period (last page this line number	only)	

Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political comm NAME OF COMMITTEE (In Full)    NAME OF COMMITTEE (In Full)   GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEM Full Name (Last, First, Middle Initial)   THOMAS RUSSO   Mailing Address   561 KING ST	ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMI  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City SOUTH WINDSOR FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City SOUTH WINDSOR CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼  Cupation ADMINISTRATOR  C  C  C  C  C  C  C  C  C  C  C  C  C	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼  State Zip Code CC  Occupation ADMINISTRATOR Aggregate Year-to-Date ▼  South Winds Russo  Mailing Address 561 KING ST  City State Zip Code CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼	Transaction ID: SA11AI.45233  Amount of Each Receipt this Period
City State Zip Code SOUTH WINDSOR CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  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.  Name of Employer GENESIS HEALTHCARE CORPORATION ATION Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  C  Occupation ADMINISTRATOR  ADMINISTRATOR  ADMINISTRATOR  ADMINISTRATOR  Apgregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code CT 06074  FEC ID number of contributing	Transaction ID: SA11AI.45233  Amount of Each Receipt this Period
SOUTH WINDSOR  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:    Other (specify) ▼    Other (specify) ▼   Other (specify) ▼   Other (specify) ▼    State Zip Code CT 06074    City State Zip Code CT 06074    City South WINDSOR CT 06074    City State Zip Code CT 06074    City South Windstall Committee Corporation Coccupation Administrator Adgregate Year-to-Date ▼   Other (specify) ▼   City State Zip Code CT 06074    City South Windstall Committee Corporation Administrator Adgregate Year-to-Date ▼   City South Windstall Committee Corporation Administrator Adgregate Year-to-Date ▼   City South Windstall Corporation Administrator Adgregate Year-to-Date ▼   City South Windstall Corporation Administrator Adgregate Year-to-Date ▼   City State Zip Code CT 06074   State Zip Code CT 06074   City South Windstall Corporation Administrator CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:    Other (specify) ▼	
Name of Employer GENESIS HEALTHCARE CORPORATION   ADMINISTRATOR	19.78
GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST  City State Zip Code CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code CT 06074  FEC ID number of contributing	•
Receipt For:    Primary	
Other (specify) ▼  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.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  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	
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.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)  General Other (specify)  Aggregate Year-to-Date  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	
THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR CT 06074	
City State Zip Code SOUTH WINDSOR CT 06074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR CT 06074	Date of Receipt
SOUTH WINDSOR  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR  FEC ID number of contributing	05 27 2011
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR  FEC ID number of contributing	Transaction ID: SA11AI.45234
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR  FEC ID number of contributing	Amount of Each Receipt this Period
ATION Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO Mailing Address 561 KING ST  City State SOUTH WINDSOR  FEC ID number of contributing	19.78
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR  FEC ID number of contributing	
Other (specify) ▼  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	
THOMAS RUSSO  Mailing Address 561 KING ST  City State Zip Code  SOUTH WINDSOR CT 06074  FEC ID number of contributing	
Mailing Address 561 KING ST  City State Zip Code SOUTH WINDSOR CT 06074  FEC ID number of contributing	
City State Zip Code SOUTH WINDSOR CT 06074  FEC ID number of contributing	Date of Receipt
SOUTH WINDSOR CT 06074  FEC ID number of contributing	06 03 2011
FEC ID number of contributing	Transaction ID: SA11AI.45235
	Amount of Each Receipt this Period
	21.66
Name of Employer GENESIS HEALTHCARE CORPOR- ATION  Occupation ADMINISTRATOR	<del></del>
Receipt For:  Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 431.6	
SUBTOTAL of Receipts This Page (optional)	3

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee t	
1 1	PRPORATION POLITICAL ACTION COMMITTE	E
Full Name (Last, First, Middle Initia	<u></u>	Date of Receipt
Mailing Address 561 KING ST  City	State Zip Code	0 6 1 0 2 0 1 1 Transaction ID: SA11AI.45236
SOUTH WINDSOR	CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORP ATION	Occupation ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 451.44	
Full Name (Last, First, Middle Initia	yl) 	Date of Receipt
Mailing Address 561 KING ST		0 6 1 7 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45237
SOUTH WINDSOR	CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORP ATION	ADMINISTRATOR	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	471.22	
Full Name (Last, First, Middle Initia THOMAS RUSSO	al)	Date of Receipt
Mailing Address 561 KING ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.45238
SOUTH WINDSOR	CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.78
Name of Employer GENESIS HEALTHCARE CORP ATION	ADMINISTRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 491.00	
SURTOTAL of Receipts This Page (	optional)	59.34

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)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARCIA C SACCO  Mailing Address 100  PLAIN STREET  City  NORTON	State Zip Code MA 02766	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-BUSINESS DEVELOPM Aggregate Year-to-Date  400.00	IENT
Full Name (Last, First, Middle Initial)  MARCIA C SACCO  Mailing Address 100  PLAIN STREET  City	State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
NORTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR-	MA 02766  C Occupation	Amount of Each Receipt this Period  50.00
GENESIS HEALTHCARE CORPOR- ATION  Receipt For:  Primary General  Other (specify) ▼	DIRECTOR-BUSINESS DEVELOPM Aggregate Year-to-Date ▼ 450.00	IENT
Full Name (Last, First, Middle Initial) MARCIA C SACCO Mailing Address 100		Date of Receipt  0 5 1 3 2 0 1 1
PLAIN STREET City NORTON	State Zip Code MA 02766	Transaction ID: SA11AI.44753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR-	Occupation	50.00
GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary  General  Other (specify)	DIRECTOR-BUSINESS DEVELOPM Aggregate Year-to-Date ▼  500.00	IENT
SUBTOTAL of Receipts This Page (optional)		150.00

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)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to  ATION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  MARCIA C SACCO  Mailing Address 100		Date of Receipt
PLAIN STREET		05 27 2011
City	State Zip Code	Transaction ID: SA11AI.44754
NORTON  FEC ID number of contributing federal political committee.	MA 02766	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-BUSINESS DEVELOPME Aggregate Year-to-Date ▼  550.00	ENT
Full Name (Last, First, Middle Initial) MARCIA C SACCO		Date of Receipt
Mailing Address 100 PLAIN STREET	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.44755
NORTON	MA 02766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-BUSINESS DEVELOPME Aggregate Year-to-Date  600.00	<u>≡</u> NT
Full Name (Last, First, Middle Initial) MARCIA C SACCO	<u> </u>	Date of Receipt
Mailing Address 100 PLAIN STREET		06 24 2011
City	State Zip Code	Transaction ID: SA11Al.44756
NORTON	MA 02766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-BUSINESS DEVELOPME	 ENT
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pering the name and address of any political committee  ORATION POLITICAL ACTION COMMITTE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO Mailing Address 108 KNITTLE RO  City KUTZTOWN FEC ID number of contributing federal political committee.	State Zip Code PA 19530	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 1 5 2 0 1 1  Transaction ID: SA11AI.44869  Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  □ Primary □ General Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date   280.00	
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO Mailing Address 108 KNITTLE RO		Date of Receipt  O 4  D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KUTZTOWN  FEC ID number of contributing federal political committee.	State Zip Code PA 19530  C	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date   315.00	
Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO Mailing Address 108 KNITTLE RC	DAD	Date of Receipt  0 5 1 3 2 0 1 1
City KUTZTOWN	State Zip Code PA 19530	Transaction ID: SA11AI.44871  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	onal)	105.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A oi	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	<u> </u>
۸.	Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO			Date of Receipt
	Mailing Address 108 KNITTLE ROAD			05 27 2011
	City	State PA	Zip Code	Transaction ID: SA11AI.44872
	KUTZTOWN FEC ID number of contributing federal political committee.	C	19530	Amount of Each Receipt this Period  35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPE	n RATIONS	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 385.00	
	Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO			Date of Receipt
	Mailing Address 108 KNITTLE ROAD			0 6 1 0 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.44873
	KUTZTOWN  FEC ID number of contributing federal political committee.	PA C	19530	Amount of Each Receipt this Period  35.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VP OPE	n RATIONS	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 420.00	
	Full Name (Last, First, Middle Initial) KRISTEN SANTANGELO			Date of Receipt
	Mailing Address 108 KNITTLE ROAD			$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.44874
	FEC ID number of contributing	PA C	19530	Amount of Each Receipt this Period  35.00
	Federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio	n RATIONS	
	ATION Receipt For: Primary General Other (specify)	<del> </del>	e Year-to-Date ▼ 455.00	
	SUBTOTAL of Receipts This Page (optional).	1		105.00

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   169 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR		•	
Full Name (Last, First, Middle Initial) JOHN V SAVO			Date of Receipt
Mailing Address 535 UPPER WEADL	EY ROAD		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STRAFFORD	State PA	Zip Code 19087	Transaction ID: SA11AI.44964  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTRO	n DLLER-ASSISTANT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 296.00	
Full Name (Last, First, Middle Initial) JOHN V SAVO			Date of Receipt
Mailing Address 535 UPPER WEADL	EY ROAD		0 4 2 9 2 0 1 1
City STRAFFORD	State PA	Zip Code	Transaction ID: SA11AI.44965
FEC ID number of contributing federal political committee.	C	19087	Amount of Each Receipt this Period  37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation	n DLLER-ASSISTANT	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	333.00	
Full Name (Last, First, Middle Initial) JOHN V SAVO	•		Date of Receipt
Mailing Address 535 UPPER WEADL	EY ROAD		05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.44966
STRAFFORD  FEC ID number of contributing federal political committee.	C	19087	Amount of Each Receipt this Period  37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTRO	n DLLER-ASSISTANT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 370.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		111.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
1 1	RATION POLITICAL ACTION COMMITT	EE .
Full Name (Last, First, Middle Initial) JOHN V SAVO		Date of Receipt
Mailing Address 535 UPPER WEADL  City	_EY ROAD State Zip Code	05 27 2011
STRAFFORD	PA 19087	Transaction ID: SA11AI.44967  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTROLLER-ASSISTANT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 407.00	
Full Name (Last, First, Middle Initial) JOHN V SAVO		Date of Receipt
Mailing Address 535 UPPER WEADL	LEY ROAD	M M / D D / Y Y Y Y Y O D D / 2011
City	State Zip Code	Transaction ID: SA11AI.44968
STRAFFORD  FEC ID number of contributing federal political committee.	PA 19087	Amount of Each Receipt this Period  37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTROLLER-ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	444.00	
Full Name (Last, First, Middle Initial) JOHN V SAVO		Date of Receipt
Mailing Address 535 UPPER WEADI	LEY ROAD	0 6 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44969
STRAFFORD	PA 19087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation CONTROLLER-ASSISTANT	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	
SUPTOTAL of Possints This Page (antional	)	111.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORE	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIR	CLE		Date of Receipt
City STURBRIDGE	State MA	Zip Code 01566	Transaction ID: SA11AI.44626  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼		n DR-ELDERCARE CENTERS 9 Year-to-Date ▼ 225.00	S REG
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIR	CLE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44627
STURBRIDGE	MA	01566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	<del>-   '</del>	OR-ELDERCARE CENTERS	S REG
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER	01.5		Date of Receipt
Mailing Address 33 WOODSIDE CIR	CLE		05 27 2011
City	State	Zip Code	Transaction ID: SA11AI.44628
STURBRIDGE  FEC ID number of contributing federal political committee.	C	01566	Amount of Each Receipt this Period  25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-ELDERCARE CENTERS	G REG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
	1		75.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 234 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER  Mailing Address 33 WOODSIDE CIRC  City STURBRIDGE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For: Primary General Other (specify)	State Zip Code MA 01566  C  Occupation DIRECTOR-ELDERCARE CENTERS Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 0 2 0 1 1  Transaction ID: SA11AI.44629  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) IRA M SCHOENBERGER Mailing Address 33 WOODSIDE CIRC City STURBRIDGE FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	0 0 0 0 0 0 0 0	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 2 4 2 0 1 1  Transaction ID: SA11AI.44630  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE  City LANDENBERG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:	State Zip Code PA 19350  C  Occupation DIRECTOR-TAX  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	343.04	92.88

### SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and address of any political cor	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE  City LANDENBERG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19350  C  Occupation DIRECTOR-TAX  Aggregate Year-to-Date  388	Date of Receipt  M M M / D D / Y Y Y Y  O 4 29 2011  Transaction ID: SA11AI.44692  Amount of Each Receipt this Period  42.88
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS  Mailing Address 5 GAEBEL LANE  City LANDENBERG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code PA 19350  C  Occupation DIRECTOR-TAX  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS  Mailing Address 5 GAEBEL LANE  City LANDENBERG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For: Primary General Other (specify)	State Zip Code PA 19350  C  Occupation DIRECTOR-TAX Aggregate Year-to-Date   47	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		128.64

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)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE		Date of Receipt
City  LANDENBERG  FEC ID number of contributing	State Zip Code PA 19350	Transaction ID: SA11AI.44695  Amount of Each Receipt this Period  42.88
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary  Other (specify)   General	Occupation DIRECTOR-TAX  Aggregate Year-to-Date ▼  514.56	42.00
Full Name (Last, First, Middle Initial) ERIC SCHULTHEIS Mailing Address 5 GAEBEL LANE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  LANDENBERG	State Zip Code PA 19350	Transaction ID: SA11AI.44696  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General  Other (specify) ▼	Occupation DIRECTOR-TAX Aggregate Year-to-Date  557.44	42.88
Full Name (Last, First, Middle Initial) BETTY SCOTT Mailing Address 28656 CLUBHOUS	E DRIVE	Date of Receipt
City EASTON	State Zip Code MD 21601	Transaction ID: SA11AI.44003  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VICE PRESIDENT-CENTERS GROU Aggregate Year-to-Date 225.00	JP
SUBTOTAL of Receipts This Page (optional	)	110.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) BETTY SCOTT			Date of Receipt
Mailing Address 28656 CLUBHOUSE	DRIVE		05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.44004
EASTON	MD	21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BETTY SCOTT			Date of Receipt
Mailing Address 28656 CLUBHOUSE	DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44005
EASTON	MD	21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-CENTERS GROU	<del>-</del> P
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) BETTY SCOTT			Date of Receipt
Mailing Address 28656 CLUBHOUSE	DRIVE		M M / D D / Y Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: SA11AI.44006
EASTON	MD	21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n ESIDENT-CENTERS GROU	P
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1	<b>&gt;</b>	75.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 234 (check only one)    X
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements made and add	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	:
_	Full Name (Last, First, Middle Initial) BETTY SCOTT			Date of Receipt
	Mailing Address 28656 CLUBHOUSE		7: 0 1	06 24 2011
	City EASTON	State MD	Zip Code 21601	Transaction ID: SA11AI.44007  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer GENESIS HEALTHCARE CORPOR-	Occupatio	n RESIDENT-CENTERS GROU	— JP
	ATION Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	
	Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN	1		Date of Receipt
	Mailing Address 1379 BRYANT COUR	RT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.45245
	AMBLER TO BE A STATE OF THE STA	PA	19002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio SR VP M	<sup>n</sup> MERGERS AND ACQUISITIC	ons
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		1326.90	
	Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN			Date of Receipt
	Mailing Address 1379 BRYANT COUR	RT		0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.45246
	AMBLER	PA	19002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>-                                     </del>	MERGERS AND ACQUISITIO	DNS
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		1519.20	
_		1		409.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 234 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	ne name and ado	lress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN			Date of Receipt
Mailing Address 1379 BRYANT COUR	RT		05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.45247
AMBLER FEC ID number of contributing federal political committee.	C	19002	Amount of Each Receipt this Period 192.30
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General		ERGERS AND ACQUISITION Year-to-Date ▼	ONS
Other (specify)  Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN	0 0	1711.50	Date of Receipt
Mailing Address 1379 BRYANT COUR			05 27 2011
City AMBLER	State PA	Zip Code 19002	Transaction ID: SA11AI.45248  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP M	n ERGERS AND ACQUISITIO	— DNS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1903.80	
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN			Date of Receipt
Mailing Address 1379 BRYANT COUR	RT		0 6 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AMBLER	State PA	Zip Code 19002	Transaction ID: SA11AI.45249  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		ERGERS AND ACQUISITION	ONS
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2096.10	
SUBTOTAL of Receipts This Page (optional)			576.90

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	ont be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR			
Full Name (Last, First, Middle Initial) MICHAEL S. SHERMAN			Date of Receipt
Mailing Address 1379 BRYANT COU	RT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45250
AMBLER	PA	19002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation SR VP M	n IERGERS AND ACQUISITIO	— ONS
Receipt For:		e Year-to-Date ▼	
Primary General	33 13411		1
Other (specify) ▼		2288.40	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Mailing Address 1520 GENERALS W	/AY		0 4 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.45173
WEST CHESTER	PA	19380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS W	/AY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.45174
WEST CHESTER	PA	19380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		450.00	
			292.30

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 1/9/234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	<u>:</u>
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS W	'AY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State PA	Zip Code 19380	Transaction ID: SA11AI.45175  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS W	'AY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State PA	Zip Code	Transaction ID: SA11AI.45176
WEST CHESTER  FEC ID number of contributing federal political committee.	C	19380	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS W	'AY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State PA	Zip Code 19380	Transaction ID: SA11AI.45177  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	'	RNAL OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 180 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPOR	ATION POLIT	ICAL ACTION COMMITTEE	:
Full Name (Last, First, Middle Initial) KEN SILVERWOOD			Date of Receipt
Mailing Address 1520 GENERALS W	'AY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST CHESTER	State PA	Zip Code 19380	Transaction ID: SA11AI.45178  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-INTE	n RNAL OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH ROA	AD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KENNETT SQUARE	State PA	Zip Code	Transaction ID: SA11AI.44893
FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period  150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THEF	n RAPY MGMT & CONSULTIN	 IG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH ROA	AD		M M / D D / Y Y Y Y Y O D D / 29 2011
City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.44894  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10010	150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THER	n RAPY MGMT & CONSULTIN	JG
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00	
SUBTOTAL of Receipts This Page (optional)	1		350.00

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)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
GENESIS HEALTHCARE CORPORAT	TION POLIT	TICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH ROAD	)		05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.44895
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THE	n RAPY MGMT & CONSULTIN	G
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1500.00	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH ROAD	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.44896
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THE	n RAPY MGMT & CONSULTIN	G
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA			Date of Receipt
Mailing Address 65 DEER PATH ROAD	)		06 10 / Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.44897
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-THE	n RAPY MGMT & CONSULTIN	G
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	
SUBTOTAL of Receipts This Page (optional)		·····	450.00

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)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION OF THE CO	tatements may not be sold or used by any persor name and address of any political committee to	
Full Name (Last, First, Middle Initial) LOU ANN SOIKA Mailing Address 65 DEER PATH ROAD  City KENNETT SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44898  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) GARY J SPROUSE  Mailing Address 2108 DIDONATO DR  City CHESTER  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MD 21619  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GARY J SPROUSE  Mailing Address 2108 DIDONATO DR  City CHESTER  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code MD 21619  C  Occupation PHYSICIAN  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 234 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) LINDA B STEVENS			Date of Receipt
	Mailing Address 300 WASHINGTON	AVENUE		04 / 15 / 2011
	City AVON BY THE SEA	State NJ	Zip Code 07717	Transaction ID: SA11AI.43996  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07717	40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
. –	Full Name (Last, First, Middle Initial) LINDA B STEVENS			Date of Receipt
	Mailing Address 300 WASHINGTON A	AVENUE		0 4 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.43997
	AVON BY THE SEA  FEC ID number of contributing federal political committee.	NJ C	07717	Amount of Each Receipt this Period 40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) LINDA B STEVENS			Date of Receipt
	Mailing Address 300 WASHINGTON	AVENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City AVON BY THE SEA	State NJ	Zip Code 07717	Transaction ID: SA11AI.43998  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07717	40.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
S	SUBTOTAL of Receipts This Page (optional)			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 184 / 234 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORAT	name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LINDA B STEVENS  Mailing Address 300 WASHINGTON AV  City AVON BY THE SEA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	VENUE  State Zip Code NJ 07717  C  Occupation ADMINISTRATOR Aggregate Year-to-Date ▼	Date of Receipt    M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LINDA B STEVENS Mailing Address 300 WASHINGTON AV  City AVON BY THE SEA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	VENUE  State Zip Code NJ 07717  C  Occupation ADMINISTRATOR  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 0 2 0 1 1  Transaction ID: SA11AI.44000  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) LINDA B STEVENS  Mailing Address 300 WASHINGTON AV  City  AVON BY THE SEA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	480.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 24 2011  Transaction ID: SA11AI.44001  Amount of Each Receipt this Period  40.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number)	520.00	120.00

SCHEDULE I	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 234 (check only one)    X
or for commercial pu	rposes, other than using the nar MITTEE (In Full)	me and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
GENESIS HE	ALTHCARE CORPORATIO	N POLITI	ICAL ACTION COMMITTEE	<u> </u>
Full Name (Last, RONALD E STEV	First, Middle Initial) /ARD			Date of Receipt
Mailing Address	1802 GARFIELD AVENUI 2ND FLOOR	E		M M / D D / Y Y Y Y Y Y O 1 1 1 1 1 1 1 1 1 1 1 1 1
City		State	Zip Code	Transaction ID: SA11AI.44273
WILMINGTON	<u> </u>	DE	19809	Amount of Each Receipt this Period
FEC ID number federal political c		C		40.07
Name of Employ GENESIS HEAL ATION		Occupation	DR-PROPERTY MANAGEN	 IENT
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 317.20	
Full Name (Last, RONALD E STEV	First, Middle Initial) /ARD			Date of Receipt
Mailing Address	1802 GARFIELD AVENUI 2ND FLOOR	E		0 4 2 9 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.44274
WILMINGTON	l	DE	19809	Amount of Each Receipt this Period
FEC ID number federal political c		C		40.38
Name of Employ GENESIS HEAL ATION		Occupation DIRECTO	n DR-PROPERTY MANAGEM	IENT
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 357.58	
Full Name (Last, RONALD E STEV	First, Middle Initial) /ARD			Date of Receipt
Mailing Address	1802 GARFIELD AVENUI 2ND FLOOR	E		0 5
City <u>WILMINGTON</u>	l	State DE	Zip Code 19809	Transaction ID: SA11AI.44275  Amount of Each Receipt this Period
FEC ID number federal political c		C		40.38
Name of Employ GENESIS HEAL ATION		Occupation DIRECTO	n DR-PROPERTY MANAGEN	 IENT
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 397.96	
SUBTOTAL of Red	eipts This Page (optional)			120.83

City State Zip Code WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR-ATION.  Roward of Compound federal political committee.  Full Name (Last, First, Middle Initial) RONALD E STEWARD  Name of Employer General Other (specify) ▼  State Zip Code DE 19809  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.44277  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.44277  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.44277  Amount of Each Receipt this Period  Date of Receipt  A 38.34  Date of Receipt  A 6 1 0 7 2 0 1  Transaction ID: SA11AI.44277  Amount of Each Receipt this Period  Adjusted Transaction ID: SA11AI.44277  Amount of Each Receipt this Period  Adjusted Transaction ID: SA11AI.44277  Amount of Each Receipt Transaction ID: SA11AI.44277  Amount of Each Receipt Transaction ID: SA11AI.44277  Amount of Each Receipt Transaction ID: SA11AI.44278	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
BONALD E STEWARD   Mailing Address 1802 GARFIELD AVENUE   2ND FLOOR   State   Zip Code   Transaction ID: SA11Al.44276   Amount of Each Receipt this Period   Primary   General   Other (specify)	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	to solicit contributions from such committee.
Primary General Other (specify) ▼  A38.34  Full Name (Last, First, Middle Initial) RONALD E STEWARD  Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR  City State Zip Code DE 19809  FEC ID number of contributing federal political committee.  C Occupation DIRECTOR-PROPERTY MANAGEMENT Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) RONALD E STEWARD  Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR  City State Zip Code DIRECTOR-PROPERTY MANAGEMENT Aggregate Year-to-Date ▼  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 Occupation DE 19809  Date of Receipt  M M M O O O O O O O O O O O O O O O O	RONALD E STEWARD  Mailing Address 1802 GARFIELD AVEN 2ND FLOOR  City  WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION	State DE C Occupation	19809	Transaction ID: SA11AI.44276  Amount of Each Receipt this Period  40.38
Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR  City State Zip Code DE 19809  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION All Information Directors and provided	Primary General Other (specify) ▼	Aggregate	438.34	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) RONALD E STEWARD  Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR  City State Zip Code Transaction ID: SA11AI.44278  WILMINGTON DE 19809  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General F10.10	RONALD E STEWARD  Mailing Address 1802 GARFIELD AVEN 2ND FLOOR  City	State	'	M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  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.  Name of Employer GENESIS HEALTHCARE CORPOR-ATION  Receipt For: Primary General  Aggregate Year-to-Date ▼  F10.10  Aggregate Year-to-Date ▼	FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTO	n DR-PROPERTY MANAGEM	40.38
Mailing Address 1802 GARFIELD AVENUE 2ND FLOOR  City State Zip Code WILMINGTON  DE 19809  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General  M M M D D D 24 201 Transaction ID: SA11AI.44278  Amount of Each Receipt this Period  40.36	Other (specify) ▼		478.72	
WILMINGTON  DE 19809  Amount of Each Receipt this Period  C  Vame of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary  General  Amount of Each Receipt this Period  40.38  Amount of Each Receipt this Period  40.38	Mailing Address 1802 GARFIELD AVEN 2ND FLOOR		Zip Code	0 6 2 4 Y Y Y Y Y
ATION  Receipt For:  Primary  General  Aggregate Year-to-Date  F10.10	WILMINGTON FEC ID number of contributing		•	Amount of Each Receipt this Period  40.38
	ATION Receipt For: Primary General	DIRECTO	OR-PROPERTY MANAGEN Year-to-Date ▼	MENT
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)			121.14

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 234 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	TION I GETTIGAL ACTION COMMITTEE	-
Full Name (Last, First, Middle Initial) GODFREY A STREAT Mailing Address 157 FOREST DRIVE		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.45281
KENNETT SQUARE	PA 19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA HUMAN RESOURCES	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) GODFREY A STREAT		Date of Receipt
Mailing Address 157 FOREST DRIVE		04 29 2011
City	State Zip Code	Transaction ID: SA11AI.45282
KENNETT SQUARE	PA 19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA HUMAN RESOURCES	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) GODFREY A STREAT		Date of Receipt
Mailing Address 157 FOREST DRIVE		05 13 2011
City	State Zip Code	Transaction ID: SA11AI.45283
KENNETT SQUARE	PA 19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP-AREA HUMAN RESOURCES	
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		150.00

Mailing Address 157 FOREST DRIVE  City State Zip Code KENNETT SQUARE PA 19348  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 234 (check only one)    X
Date of Receipt    City   State   Zip Code   XENNETT SOUARE   PA   19348	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
Mailing Address 157 FOREST DRIVE  City State Zip Code PA 19348  FEC ID number of contributing federal political committee.  City Separate PA 19348  FEC ID number of contributing General Other (specify) ▼  City State Zip Code PA 19348  FEC ID number of contributing federal political committee.  City State Zip Code PA 19348  FUII Name (Last, First, Middle Initial) GODFREY A STREAT Mailing Address 157 FOREST DRIVE  City State Zip Code PA 19348  FEC ID number of contributing federal political committee.  City State Zip Code PA 19348  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION.  ATION.  Receipt For: Primary General Other (specify) ▼  Cocupation VP-AREA HUMAN RESOURCES  Aggregate Year-to-Date ▼	<u>/</u>	GODFREY A STREAT  Mailing Address 157 FOREST DRIVE  City  KENNETT SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General	C Occupation VP-ARE.	19348  on A HUMAN RESOURCES e Year-to-Date  ▼  550.00	Transaction ID: SA11AI.45284  Amount of Each Receipt this Period
Date of Receipt  Mailing Address 157 FOREST DRIVE  City State Zip Code KENNETT SQUARE PA 19348  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D / 2 4 / 2 0 1 1  Transaction ID: SA11AI.45286  Amount of Each Receipt this Period  Transaction ID: SA11AI.45286  Amount of Each Receipt this Period  50.00	3.	GODFREY A STREAT  Mailing Address 157 FOREST DRIVE  City  KENNETT SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General	C Occupation VP-ARE.	19348  on A HUMAN RESOURCES e Year-to-Date ▼	Transaction ID: SA11AI.45285  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		GODFREY A STREAT  Mailing Address 157 FOREST DRIVE  City  KENNETT SQUARE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General	C Occupation VP-ARE.	nn A HUMAN RESOURCES e Year-to-Date ▼	Transaction ID: SA11AI.45286  Amount of Each Receipt this Period
		SUBTOTAL of Receipts This Page (optional)		)	150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 189 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA		•	
Full Name (Last, First, Middle Initial) WILLIAM E STURGIS			Date of Receipt
Mailing Address 6505 HILLTOP DRIV	Έ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BROOKHAVEN	State PA	Zip Code 19015	Transaction ID: SA11AI.44206
FEC ID number of contributing federal political committee.	C	19015	Amount of Each Receipt this Period  37.35
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation	n OR-FINANCIAL ANALYSIS	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 298.80	
Full Name (Last, First, Middle Initial) WILLIAM E STURGIS			Date of Receipt
Mailing Address 6505 HILLTOP DRIV	Έ		0 4 2 9 2 0 1 1
City BROOKHAVEN	State PA	Zip Code	Transaction ID: SA11AI.44207
FEC ID number of contributing federal political committee.	C	19015	Amount of Each Receipt this Period  37.35
Name of Employer GENESIS HEALTH VENTURES,	Occupation	n OR-FINANCIAL ANALYSIS	
INC. Receipt For:  Primary General  Other (specify) ▼	<del>'</del>	e Year-to-Date ▼ 336.15	
Full Name (Last, First, Middle Initial)			Patro ( Paraist
WILLIAM E STURGIS  Mailing Address 6505 HILLTOP DRIV	Έ		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.44208
BROOKHAVEN FEC ID number of contributing federal political committee.	C	19015	Amount of Each Receipt this Period  37.35
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTO	n OR-FINANCIAL ANALYSIS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 373.50	
SUBTOTAL of Receipts This Page (optional)			112.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 234 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	Statements may not be sold or used by any perse name and address of any political committee to TION POLITICAL ACTION COMMITTES	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM E STURGIS Mailing Address 6505 HILLTOP DRIVE  City BROOKHAVEN  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.	State Zip Code PA 19015  C  Occupation DIRECTOR-FINANCIAL ANALYSIS	Date of Receipt    M M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 410.85	
Full Name (Last, First, Middle Initial) WILLIAM E STURGIS Mailing Address 6505 HILLTOP DRIVE City	State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
BROOKHAVEN FEC ID number of contributing federal political committee.	PA 19015	Amount of Each Receipt this Period  37.35
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR-FINANCIAL ANALYSIS Aggregate Year-to-Date  448.20	
Full Name (Last, First, Middle Initial) WILLIAM E STURGIS Mailing Address 6505 HILLTOP DRIVE		Date of Receipt  0 6 2 4 2 0 1 1
City BROOKHAVEN	State Zip Code PA 19015	Transaction ID: SA11AI.44211 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.35
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation DIRECTOR-FINANCIAL ANALYSIS  Aggregate Year-to-Date   485.55	
SUBTOTAL of Receipts This Page (optional) .		112.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 234 (check only one)    X
or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION	name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NICOLE THOMPSON  Mailing Address 27 PEARSON CIRCLE			Date of Receipt
City SPRINGFIELD	State PA	Zip Code 19064	Transaction ID: SA11AI.45116  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼		n LIST-REG SAFETY PREVEN e Year-to-Date ▼ 220.00	IT
Full Name (Last, First, Middle Initial) NICOLE THOMPSON Mailing Address 27 PEARSON CIRCLE			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SPRINGFIELD  FEC ID number of contributing federal political committee.	State PA	Zip Code 19064	Transaction ID: SA11AI.45117  Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		n LIST-REG SAFETY PREVEN e Year-to-Date ▼ 240.00	JT
Full Name (Last, First, Middle Initial) NICOLE THOMPSON Mailing Address 27 PEARSON CIRCLE			Date of Receipt
City SPRINGFIELD	State PA	Zip Code 19064	Transaction ID: SA11AI.45118  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	-	n LIST-REG SAFETY PREVEN e Year-to-Date ▼ 260.00	IT
SUBTOTAL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA			n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM JOSEPH TIAN Mailing Address 6807 REAL PRINCES  City BALTIMORE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify)	State MD  C  Occupation DIRECTO	Zip Code 21207  n OR-HOSPITALITY SERVICE e Year-to-Date ▼ 240.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) WILLIAM JOSEPH TIAN Mailing Address 6807 REAL PRINCES  City BALTIMORE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify)	State MD  C Occupatio	Zip Code 21207  n OR-HOSPITALITY SERVICE e Year-to-Date ▼ 280.00	Date of Receipt  M M M / D D / Y Y Y Y  O 6 10 2011  Transaction ID: SA11AI.45351  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) WILLIAM JOSEPH TIAN Mailing Address 6807 REAL PRINCES  City BALTIMORE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State MD  C  Occupation DIRECTO	Zip Code 21207  n OR-HOSPITALITY SERVICE e Year-to-Date ▼ 320.00	Date of Receipt    M   M   D   D   Z   A   Z   D   Transaction ID: SA11AI.45352   Amount of Each Receipt this Period   40.00
SUBTOTAL of Receipts This Page (optional)			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 193 / 234 (check only one)    X   11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to RATION POLITICAL ACTION COMMITTE	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR. Mailing Address 715 RIDGE ROAD  City	State Zip Code	Date of Receipt  0 4
ORWIGSBURG  FEC ID number of contributing federal political committee.	PA 17961	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP OPERATIONS  Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR. Mailing Address 715 RIDGE ROAD	<u>'</u>	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.44674
ORWIGSBURG  FEC ID number of contributing federal political committee.	PA 17961	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation VP OPERATIONS  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	315.00	
Full Name (Last, First, Middle Initial) WILLIAM H TIMM JR.  Mailing Address 715 RIDGE ROAD		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.44675
ORWIGSBURG  FEC ID number of contributing federal political committee.	PA 17961	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation VP OPERATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
CURTOTAL of Descripts This Days (astisses	l)	105.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS  Any information copied from such F	Reports and Statements max	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	han using the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Ir WILLIAM H TIMM JR.  Mailing Address 715 RIDGE	,		Date of Receipt  0 5 2 7 2 0 1 1
City ORWIGSBURG	State PA	Zip Code 17961	Transaction ID: SA11AI.44676  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer GENESIS HEALTHCARE COF ATION Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Aggregate	AATIONS Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle In WILLIAM H TIMM JR.  Mailing Address 715 RIDGE			Date of Receipt    M
City ORWIGSBURG	State PA	Zip Code 17961	Transaction ID: SA11AI.44677  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CONTION Receipt For: Primary General Other (specify)	Aggregate	RATIONS Year-to-Date   420.00	35.00
Full Name (Last, First, Middle Ir WILLIAM H TIMM JR.  Mailing Address 715 RIDGE	,		Date of Receipt
City ORWIGSBURG	State PA	Zip Code 17961	Transaction ID: SA11AI.44678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer GENESIS HEALTHCARE COP ATION Receipt For: Primary General	Aggregate	n RATIONS Year-to-Date ▼	
Other (specify)		455.00	
SUBTOTAL of Receipts This Pag	e (optional)		105.00

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 195 / 234 (check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	<u>:</u>
Full Name (Last, First, Middle Initial) NEIL TOCKMAN			Date of Receipt
Mailing Address P.O. BOX 22			04 08 2011
City	State	Zip Code	Transaction ID: SA11AI.45040
ELKINS  FEC ID number of contributing federal political committee.	C	03233	Amount of Each Receipt this Period  15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR-AREA (REHAB SVS)	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN			Date of Receipt
Mailing Address P.O. BOX 22			M M / D D / Y Y Y Y Y O A 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.45041
ELKINS	NH	03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-AREA (REHAB SVS)	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	]
Full Name (Last, First, Middle Initial) NEIL TOCKMAN			Date of Receipt
Mailing Address P.O. BOX 22			M M / D D / Y Y Y Y Y O A 2 2 2 2 0 1 1
City ELKINS	State NH	Zip Code 03233	Transaction ID: SA11AI.45042  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTO	n OR-AREA (REHAB SVS)	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)			45.00

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)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22  City ELKINS FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code NH 03233  C  Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) NEIL TOCKMAN  Mailing Address P.O. BOX 22	255.00	Date of Receipt
City  ELKINS  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify)	State Zip Code NH 03233  C  Occupation DIRECTOR-AREA (REHAB SVS)  Aggregate Year-to-Date  270.00	Transaction ID: SA11AI.45044  Amount of Each Receipt this Period  15.00
Full Name (Last, First, Middle Initial)  NEIL TOCKMAN  Mailing Address P.O. BOX 22  City  ELKINS  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General  Other (specify)	State Zip Code NH 03233  C  Occupation DIRECTOR-AREA (REHAB SVS) Aggregate Year-to-Date  285.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional) .		45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 234 (check only one)    X
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to a ATION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	THOM FOLITIOAL ACTION COMMITTEE	
A. NEIL TOCKMAN  Mailing Address P.O. BOX 22		Date of Receipt
City	State Zip Code	0 5 2 0 2 0 1 1 Transaction ID: SA11AI.45046
<u>ELKINS</u>	NH 03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN		Date of Receipt
Mailing Address P.O. BOX 22		05 27 2011
City	State Zip Code	Transaction ID: SA11AI.45047
ELKINS	NH 03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	315.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN		Date of Receipt
Mailing Address P.O. BOX 22		06 03 7 2011
City	State Zip Code	Transaction ID: SA11AI.45048
ELKINS	NH 03233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (optional) .		45.00
TOTAL This Period (last page this line numbe	<u> </u>	

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)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
GENESIS HEALTHCARE CORPOR  Full Name (Last, First, Middle Initial)	RATION POLITICAL ACTION COMMITTEE	: -
NEIL TOCKMAN  Mailing Address P.O. BOX 22		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ELKINS	State Zip Code NH 03233	Transaction ID: SA11AI.45049  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION  Receipt For:  Primary  General  Other (specify) ▼	Occupation DIRECTOR-AREA (REHAB SVS)  Aggregate Year-to-Date ▼  345.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22		Date of Receipt
City	State Zip Code	0 6 1 7 2 0 1 1 Transaction ID: SA11AI.45050
ELKINS FEC ID number of contributing federal political committee.	NH 03233	Amount of Each Receipt this Period  15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) NEIL TOCKMAN Mailing Address P.O. BOX 22		Date of Receipt
Mailing Address P.O. BOX 22  City	State Zip Code	06 24 2011
ELKINS	NH 03233	Transaction ID: SA11AI.45051  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation DIRECTOR-AREA (REHAB SVS)	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	)	45.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 234 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	
۷.	Full Name (Last, First, Middle Initial) LISA TRAUTMAN			Date of Receipt
	Mailing Address 4 VIOLET LANE			05 27 2011
	City WEST GROVE	State PA	Zip Code	Transaction ID: SA11AI.44258
	FEC ID number of contributing federal political committee.	C	19390	Amount of Each Receipt this Period  20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(	n OR REGIONAL EC LINE	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
_ 3.	Full Name (Last, First, Middle Initial) LISA TRAUTMAN			Date of Receipt
	Mailing Address 4 VIOLET LANE			0 6 1 0 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.44259
	WEST GROVE	<u>PA</u>	19390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION		OR REGIONAL EC LINE	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
- :.	Full Name (Last, First, Middle Initial) LISA TRAUTMAN			Date of Receipt
	Mailing Address 4 VIOLET LANE			06 24 7 2011
	City	State	Zip Code	Transaction ID: SA11AI.44260
	WEST GROVE FEC ID number of contributing federal political committee.	C	19390	Amount of Each Receipt this Period  20.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del>-  </del>	OR REGIONAL EC LINE	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
	SUBTOTAL of Receipts This Page (optional)			60.00
H	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 234 (check only one)    X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	<b>E</b>
۱.	Full Name (Last, First, Middle Initial) JOSEPH J TRIANA	ANIE		Date of Receipt
	Mailing Address 102 INTIMADATOR L			04 29 2011
	City GIVEN	State WV	Zip Code 25245	Transaction ID: SA11AI.44632  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	LOCATO	25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR-SR	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) JOSEPH J TRIANA			Date of Receipt
	Mailing Address 102 INTIMADATOR L	_ANE		05 13 YYYY 2011
	City	State	Zip Code	Transaction ID: SA11AI.44633
	GIVEN FEC ID number of contributing federal political committee.	C	25245	Amount of Each Receipt this Period  25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR-SR	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) JOSEPH J TRIANA			Date of Receipt
	Mailing Address 102 INTIMADATOR L	_ANE		05 27 2011
	City	State	Zip Code	Transaction ID: SA11AI.44634
	GIVEN FEC ID number of contributing federal political committee.	C	25245	Amount of Each Receipt this Period  25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	on STRATOR-SR	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional)			75.00

Mailing Address 102 INTIMADATOR LANE  City State Zip Code GIVEN WV 25245  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Again Address 102 INTIMADATOR LANE  Zip Code Transaction ID: SA11AI.44635  Amount of Each Receipt this Period  25.00  C Cuupation ADMINISTRATOR-SR  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)		HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 102 INTIMADATOR LANE  City State Zip Code WV 25245  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt To Transaction ID: SA11AI.44636  By Cocupation ADMINISTRATOR-SR Aggregate Year-to-Date ✓  Primary General Occupation ADMINISTRATOR-SR Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.44635  Amount of Each Receipt this Period  Date of Receipt Transaction ID: SA11AI.44635  Amount of Each Receipt this Period  Pull Name (Last, First, Middle Initial)  JOSEPH J TRIANA  Mailing Address 102 INTIMADATOR LANE  City State Zip Code WV 25245  FEC ID number of contributing federal political committee.  C State Zip Code WV 25245  FEC ID number of contributing federal political committee.  C Occupation ADMINISTRATOR-SR  Amount of Each Receipt Transaction ID: SA11AI.44636  Amount of Each Receipt Transaction ID: SA11AI.44636  Amount of Each Receipt Transaction ID: SA11AI.4536  Amount of Each Receipt Tr	or for	commercial purposes, other than using the I	name and add	dress of any political committee to	solicit contributions from such committee.
Mailing Address 102 INTIMADATOR LANE  City State Zip Code GIVEN  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For: Primary General  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	A. JO M: Ci G FE fer N: A	ailing Address 102 INTIMADATOR LA  ty IIVEN  EC ID number of contributing deral political committee.  ame of Employer ENESIS HEALTHCARE CORPORTION eceipt For:  Primary General	State WV  C Occupation ADMINIS	25245  n STRATOR-SR e Year-to-Date ▼ 300.00	Transaction ID: SA11AI.44635  Amount of Each Receipt this Period
	B. Jo Mi Ci G FE fer No G	ailing Address 102 INTIMADATOR LA  ty IIVEN  EC ID number of contributing deral political committee.  ame of Employer ENESIS HEALTHCARE CORPOR- TION ecceipt For: Primary General	State WV  C Occupation ADMINIS	25245  n STRATOR-SR e Year-to-Date ▼	Transaction ID: SA11AI.44636  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) PERRY VALENTINE Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify)  General  Other (specify)  Date of Receipt  Transaction ID: SA11AI.44122  Amount of Each Receipt this Period  35.00	PE M: Ci H FE fer	ERRY VALENTINE ailing Address 3675 MANDOLIN DRIV  ty  AMPSTEAD  EC ID number of contributing deral political committee.  ame of Employer ENESIS HEALTH VENTURES, IC. eceipt For:  Primary General	State MD  C  Occupation DIRECTO	n DR-HOSPITALITY SERVICE 9 Year-to-Date ▼	Transaction ID: SA11AI.44122  Amount of Each Receipt this Period  35.00
SUBTOTAL of Receipts This Page (optional)	SUB	TOTAL of Receipts This Page (optional)			85.00

City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Perimary General Other (specify) ▼  FEC ID number of contributing federal political committee.  Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  Date of Receipt  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  State Zip Code Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  Date of Receipt Solution DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4412  Amount of Each Receipt Transaction ID: SA11AI.4412	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)  X 11a 11b 11c 12 13 14 15 16 1
Date of Receipt  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Amount of Each Receipt this Per GENESIS HEALTH VENTURES, INC.  Receipt For:  Permary General Obter (contributing federal political committee.  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Full Name (Last, First, Middle Initial) PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Full Name (Last, First, Middle Initial)  PERCONDENSIS HEALTH VENTURES, INC.  Receipt For:  Primary General Obter (contributing federal political committee.  C Cucupation DIRECTOR-HOSPITALITY SERVICES  Receipt For:  Primary General Obter (specify) ■  Full Name (Last, First, Middle Initial)  PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Full Name (Last, First, Middle Initial)  PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Full Name (Last, First, Middle Initial)  PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Full Name (Last, First, Middle Initial)  PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Full Name (Last, First, Middle Initial)  PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  Amount of Each Receipt this Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of Each Receipt Tips Per State Zip Code MD 21074  Amount of E	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	to solicit contributions from such committee.
Primary General Other (specify) ▼ 315.00  Full Name (Last, First, Middle Initial) PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼ 350.00  Full Name (Last, First, Middle Initial) PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  City State Zip Code MD 21074  Amount of Each Receipt this Per MD 21074  Amount of Each Rece	PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIV  City  HAMPSTEAD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.	State Zip Code MD 21074  C Occupation DIRECTOR-HOSPITALITY SERVICE	Transaction ID: SA11AI.44123  Amount of Each Receipt this Period  35.00
City State Zip Code Transaction ID: SA11AI.4412  HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer General Other (specify) ▼  City State Zip Code MD 21074  Name of Employer General Other (specify) ▼  Full Name (Last, First, Middle Initial) PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code MD 21074  FEC ID number of contributing federal political committee.  Name of Employer General MD 21074  FEC ID number of contributing federal political committee.  Name of Employer General Director-Hospitality SERVICES Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4412  Amount of Each Receipt M M M M M M M M M M M M M M M M M M M	Primary General Other (specify) ▼	315.00	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General Other (specify) ▼  PERRY VALENTINE Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  QCCupation DIRECTOR-HOSPITALITY SERVICES  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  C 35  CCCupation DIRECTOR-HOSPITALITY SERVICES  Receipt For:  QCCUpation DIRECTOR-HOSPITALITY SERVICES  Aggregate Year-to-Date ▼  Primary General	Mailing Address 3675 MANDOLIN DRIV	State Zip Code	0 5 1 3 2 0 1 1 Transaction ID: SA11AI.44124
INC. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) PERRY VALENTINE Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Occupation DIRECTOR-HOSPITALITY SERVICES Aggregate Year-to-Date ▼	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  35.00
PERRY VALENTINE  Mailing Address 3675 MANDOLIN DRIVE  City State Zip Code  HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General  Date of Receipt  M M / D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D D / Y Y Y O D D D D / Y Y Y O D D D D D D D D D D / Y Y Y O D D D D D D D D D D D D D D D D	INC. Receipt For: Primary General	DIRECTOR-HOSPITALITY SERVIO	CES
City State Zip Code Transaction ID: SA11AI.4412  HAMPSTEAD MD 21074  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General  O 5 2 7 2 0  Transaction ID: SA11AI.4412  Amount of Each Receipt this Per  DC  Occupation DIRECTOR-HOSPITALITY SERVICES  Aggregate Year-to-Date ▼	PERRY VALENTINE	VE	
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General  C  Occupation DIRECTOR-HOSPITALITY SERVICES  Aggregate Year-to-Date ▼	City	State Zip Code	0 5 2 7 2 0 1 1  Transaction ID: SA11AI.44125
GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary  General  DIRECTOR-HOSPITALITY SERVICES  Aggregate Year-to-Date ▼	FEC ID number of contributing		35.00
	INC. Receipt For: Primary General	DIRECTOR-HOSPITALITY SERVIO	CES
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		105.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORE	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PERRY VALENTINE  Mailing Address 3675 MANDOLIN DF	RIVE		Date of Receipt
City HAMPSTEAD FEC ID number of contributing	State MD	Zip Code 21074	Transaction ID: SA11AI.44126  Amount of Each Receipt this Period  35.00
Receipt For:  Primary  Other (specify)  General  Other (specify)  Primary   General	Occupation DIRECTO	n DR-HOSPITALITY SERVICE Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) PERRY VALENTINE Mailing Address 3675 MANDOLIN DF	RIVE		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City  HAMPSTEAD  FEC ID number of contributing federal political committee.	State MD	Zip Code 21074	Transaction ID: SA11AI.44127  Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: Primary General Other (specify) ▼		n DR-HOSPITALITY SERVICE Year-to-Date ▼ 455.00	
Full Name (Last, First, Middle Initial) VICTORIA VALTON  Mailing Address 112 EDGEWOOD R	D		Date of Receipt
City TOWSON FEC ID number of contributing	State MD	Zip Code 21286	Transaction ID: SA11AI.44866  Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General	Occupation DIRECTO	DR-EXTERNAL COMMUN  Year-to-Date ▼	
Other (specify) ▼		220.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person ne name and address of any political committee to sold or used by any person necessary.	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) VICTORIA VALTON  Mailing Address 112 EDGEWOOD RI  City	O State Zip Code	Date of Receipt  Date of Receipt
TOWSON  FEC ID number of contributing federal political committee.	MD 21286	Amount of Each Receipt this Period  20.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation DIRECTOR-EXTERNAL COMMUN  Aggregate Year-to-Date   240.00	
Full Name (Last, First, Middle Initial) VICTORIA VALTON Mailing Address 112 EDGEWOOD RE  City TOWSON  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code MD 21286  C  Occupation DIRECTOR-EXTERNAL COMMUN  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.44868  Amount of Each Receipt this Period  20.00
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial)  LIBBIE J WADE  Mailing Address 144 PARK BOULEVA  City  CLARKSBURG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General  Other (specify)	State Zip Code WV 26301  C  Occupation VICE PRESIDENT-CENTERS GROUP  Aggregate Year-to-Date   400.00	Date of Receipt  M M M D D D D D D D D D D D D D D D D
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00

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)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	tatements may not be sold or used by any perso name and address of any political committee to FION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LIBBIE J WADE  Mailing Address 144 PARK BOULEVAR  City CLARKSBURG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code WV 26301  C  Occupation VICE PRESIDENT-CENTERS GROU  Aggregate Year-to-Date  450.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 2 9 2 0 1 1  Transaction ID: SA11AI.44888  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) LIBBIE J WADE  Mailing Address 144 PARK BOULEVAR  City CLARKSBURG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code WV 26301  C  Occupation VICE PRESIDENT-CENTERS GROU  Aggregate Year-to-Date   500.00	Date of Receipt  M M A Z 0 1 1  Transaction ID: SA11AI.44889  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) LIBBIE J WADE  Mailing Address 144 PARK BOULEVAR  City CLARKSBURG  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For: Primary General Other (specify)	State Zip Code WV 26301  C  Occupation VICE PRESIDENT-CENTERS GROU Aggregate Year-to-Date  550.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
	GENESIS HEALTHCARE CORPORA	TION POLIT	ICAL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) LIBBIE J WADE			Date of Receipt
	Mailing Address 144 PARK BOULEVA  City	.RD  State	Zip Code	0 6 1 0 2 0 1 1 Transaction ID: SA11AI.44891
	CLARKSBURG	WV	26301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n RESIDENT-CENTERS GROU	<del></del>
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) LIBBIE J WADE			Date of Receipt
	Mailing Address 144 PARK BOULEVA	RD		M M / D D / Y Y Y Y Y Y D D / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.44892
	CLARKSBURG	WV	26301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio VICE PR	n :ESIDENT-CENTERS GROU	JP_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	650.00	
	Full Name (Last, First, Middle Initial) TIMOTHY M WADE			Date of Receipt
	Mailing Address 3805 SHADY LANE			04 29 YYYY 2011
	City	State	Zip Code	Transaction ID: SA11AI.44153
	GLENWOOD	MD	21738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	<del> '</del>	OR-SR. SPEND MGMT	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		225.00	
	UBTOTAL of Receipts This Page (optional) .	•		125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 234 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY M WADE Mailing Address 3805 SHADY LANE City GLENWOOD FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code MD 21738  C  Occupation DIRECTOR-SR. SPEND MGMT  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 1 3 2 0 1 1  Transaction ID: SA11AI.44154  Amount of Each Receipt this Period  25.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) TIMOTHY M WADE	250.00	Date of Receipt
Mailing Address 3805 SHADY LANE  City  GLENWOOD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General  Other (specify) ▼	State Zip Code MD 21738  C  Occupation DIRECTOR-SR. SPEND MGMT  Aggregate Year-to-Date  275.00	Transaction ID: SA11AI.44155  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) TIMOTHY M WADE Mailing Address 3805 SHADY LANE City GLENWOOD FEC ID number of contributing federal political committee.	State Zip Code MD 21738	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation DIRECTOR-SR. SPEND MGMT  Aggregate Year-to-Date   300.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	75.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 234 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TIMOTHY M WADE  Mailing Address 3805 SHADY LANE  City GLENWOOD  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code MD 21738  C  Occupation DIRECTOR-SR. SPEND MGMT Aggregate Year-to-Date ▼	Date of Receipt  M M M / 24 2011  Transaction ID: SA11AI.44157  Amount of Each Receipt this Period  25.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) KAREN M WELLS Mailing Address P.O. BOX 487  City UNIONVILLE	325.00  State Zip Code PA 19375	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC.  Receipt For:  Primary General  Other (specify)	Occupation MANAGER-SR CORP ACCOUNTING Aggregate Year-to-Date  220.00	20.00
Full Name (Last, First, Middle Initial) KAREN M WELLS  Mailing Address P.O. BOX 487  City UNIONVILLE  FEC ID number of contributing	State Zip Code PA 19375	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation MANAGER-SR CORP ACCOUNTING Aggregate Year-to-Date  240.00	_
SUBTOTAL of Receipts This Page (optional	)	65.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 209 / 234   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	ATION POLIT	ICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) KAREN M WELLS			Date of Receipt
Mailing Address P.O. BOX 487			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.44025  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation MANAGE	n ER-SR CORP ACCOUNTING	<u> </u>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) DAVID G WENDT			Date of Receipt
Mailing Address 7202 VERBENA AVE	ENUE		0 4 1 5 2 0 1 1
City BALTIMORE	State MD	Zip Code 21209	Transaction ID: SA11AI.45058  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21200	-38.70
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation	n STRATOR	
Receipt For: Primary General Other (specify)	<del>'</del>	e Year-to-Date ▼ 230.52	
Full Name (Last, First, Middle Initial)			4
DAVID G WENDT  Mailing Address 7202 VERBENA AVE	ENUE		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City BALTIMORE	State MD	Zip Code 21209	Transaction ID: SA11AI.45059
FEC ID number of contributing federal political committee.	C	21209	Amount of Each Receipt this Period  38.70
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation ADMINIS	n STRATOR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 269.22	
			20.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other	er than using the name and ac Full)	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle DAVID G WENDT			Date of Receipt
	RBENA AVENUE		04 29 7 2011
City BALTIMORE	State MD	Zip Code 21209	Transaction ID: SA11AI.45060  Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.			38.85
Name of Employer GENESIS HEALTHCARE C ATION	ADMIN	STRATOR	
Receipt For:  Primary Gene  Other (specify) ▼		te Year-to-Date ▼ 308.07	
Full Name (Last, First, Middle DAVID G WENDT			Date of Receipt
Mailing Address 7202 VE	RBENA AVENUE		04 29 2011
City	State	Zip Code	Transaction ID: SA11AI.45061
BALTIMORE  FEC ID number of contributir federal political committee.	MD C	21209	Amount of Each Receipt this Period  38.70
Name of Employer GENESIS HEALTHCARE C ATION	ORPOR- Occupation ADMINI	on STRATOR	
Receipt For:  Primary Gene  Other (specify) ▼		te Year-to-Date ▼ 346.77	
Full Name (Last, First, Middle DAVID G WENDT	e Initial)		Date of Receipt
Mailing Address 7202 VE	RBENA AVENUE		05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.45062
BALTIMORE	MD	21209	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.			38.85
Name of Employer GENESIS HEALTHCARE C ATION	17.5001141	STRATOR	
Receipt For:  Primary Gene  Other (specify) ▼		ge Year-to-Date V	
SUBTOTAL of Receipts This F	age (optional)		116.40

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DAVID G WENDT  Mailing Address 7202 VERBENA AVE  City BALTIMORE	NUE State MD	Zip Code 21209	Date of Receipt  M M / D D / Y Y Y Y Y  O 5 27 2011  Transaction ID: SA11AI.45063  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General Other (specify) ▼		TRATOR  Year-to-Date ▼  424.47	38.85
Full Name (Last, First, Middle Initial) DAVID G WENDT  Mailing Address 7202 VERBENA AVE  City	NUE State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BALTIMORE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:  Primary General	MD C Occupation ADMINIS	21209  THATOR  Year-to-Date	Transaction ID: SA11AI.45064  Amount of Each Receipt this Period  38.85
Other (specify) ▼  Full Name (Last, First, Middle Initial)  DAVID G WENDT  Mailing Address 7202 VERBENA AVE	NUE	463.32	Date of Receipt  0 6 2 4 2 0 1 1
City  BALTIMORE  FEC ID number of contributing federal political committee.	State MD	Zip Code 21209	Transaction ID: SA11AI.45065  Amount of Each Receipt this Period  38.85
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  □ Primary □ General □ Other (specify) ▼	<del>-, '</del>	TRATOR Year-to-Date ▼ 502.17	
SUBTOTAL of Receipts This Page (optional)		······	116.55

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)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to RATION POLITICAL ACTION COMMITTEE	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH W WILKS Mailing Address 101 KINSTON LN City	State Zip Code	Date of Receipt  0 4 1 5 2 0 1 1  Transaction ID: SA11AI.44556
DOWNINGTOWN  FEC ID number of contributing federal political committee.	PA 19335	Amount of Each Receipt this Period  75.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary  General  Other (specify) ▼	Occupation VP AND AREA CONTROLLER  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial) JOSEPH W WILKS Mailing Address 101 KINSTON LN		Date of Receipt  0 4 2 9 2 0 1 1
City DOWNINGTOWN	State Zip Code PA 19335	Transaction ID: SA11AI.44557
FEC ID number of contributing federal political committee.	PA 19335	Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼	Occupation VP AND AREA CONTROLLER  Aggregate Year-to-Date   675.00	
Full Name (Last, First, Middle Initial) JOSEPH W WILKS Mailing Address 101 KINSTON LN		Date of Receipt  0 5 1 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44558
DOWNINGTOWN  FEC ID number of contributing federal political committee.	PA 19335	Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:	Occupation VP AND AREA CONTROLLER	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optiona		225.00

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)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persthe name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH W WILKS Mailing Address 101 KINSTON LN  City DOWNINGTOWN  FEC ID number of contributing	State Zip Code PA 19335	Date of Receipt    M M
Receipt For:  Primary  Other (specify)  General  Other (specify)  Primary  General	Occupation VP AND AREA CONTROLLER Aggregate Year-to-Date 825.00	
Full Name (Last, First, Middle Initial) JOSEPH W WILKS Mailing Address 101 KINSTON LN		Date of Receipt  Date of Receipt  0 6 1 0 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.44560
DOWNINGTOWN	PA 19335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP AND AREA CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) JOSEPH W WILKS		Date of Receipt
Mailing Address 101 KINSTON LN		0 6 2 4 2 0 1 1
City	State Zip Code PA 19335	Transaction ID: SA11AI.44561
DOWNINGTOWN  FEC ID number of contributing federal political committee.	PA 19335	Amount of Each Receipt this Period 75.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupation VP AND AREA CONTROLLER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	
	)	225.00

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)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to s TION POLITICAL ACTION COMMITTEE	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOANNE M WISELY Mailing Address 118 DEEPDALE ROAD  City WAYNE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19087  C  Occupation DIRECTOR-SR REGULATORY ADMIN Aggregate Year-to-Date  208.00	Date of Receipt  M M M C 2 4 2 0 1 1  Transaction ID: SA11AI.44465  Amount of Each Receipt this Period  16.00
Full Name (Last, First, Middle Initial) DONNA WIXTED  Mailing Address 1108 KENT LANE  City PHILADELPHIA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19115  C  Occupation VP -FOOD AND NUTRIONAL SVS  Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DONNA WIXTED  Mailing Address 1108 KENT LANE  City PHILADELPHIA  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For: Primary General Other (specify)	State Zip Code PA 19115  C  Occupation VP -FOOD AND NUTRIONAL SVS  Aggregate Year-to-Date  450.00	Date of Receipt  M M M / 29 / 2011  Transaction ID: SA11AI.43949  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	116.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DONNA WIXTED  Mailing Address 1108 KENT LANE			Date of Receipt
City PHILADELPHIA FEC ID number of contributing	State PA	Zip Code 19115	Transaction ID: SA11AI.43950  Amount of Each Receipt this Period
rec in number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	<del></del>	n DD AND NUTRIONAL SVS	50.00
Primary General Other (specify)   Full Name (Last, First, Middle Initial)	0 0	500.00	Date of Passint
DONNA WIXTED  Mailing Address 1108 KENT LANE			Date of Receipt    M M
City	State	Zip Code	Transaction ID: SA11AI.43951
PHILADELPHIA  FEC ID number of contributing federal political committee.	C	19115	Amount of Each Receipt this Period  50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n DD AND NUTRIONAL SVS e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	550.00	
Full Name (Last, First, Middle Initial) DONNA WIXTED  Mailing Address 1108 KENT LANE			Date of Receipt
			06 10 2011
City PHILADELPHIA	State PA	Zip Code 19115	Transaction ID: SA11AI.43952  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	13113	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n DD AND NUTRIONAL SVS e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	600.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 234 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORA	e name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DONNA WIXTED  Mailing Address 1108 KENT LANE			Date of Receipt
City PHILADELPHIA	State PA	Zip Code 19115	Transaction ID: SA11AI.43953  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19113	50.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>- '</del>	DD AND NUTRIONAL SVS  • Year-to-Date ▼  650.00	
Full Name (Last, First, Middle Initial) PATRICIA S WORHUNSKY-QUINN Mailing Address 45 PROSPECT ST			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City TERRYVILLE	State CT	Zip Code 06786	Transaction ID: SA11AI.44328  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:		n RATIONS e Year-to-Date ▼	
Primary General Other (specify) ▼		320.00	
Full Name (Last, First, Middle Initial) PATRICIA S WORHUNSKY-QUINN Mailing Address 45 PROSPECT ST			Date of Receipt
City	State	Zip Code	0 4 2 9 2 0 1 1 Transaction ID: SA11AI.44329
TERRYVILLE	СТ	06786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_ '	RATIONS	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional) .	1		130.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 234 (check only one)    X
or for c	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ENESIS HEALTHCARE CORPORA	TION POLIT	TICAL ACTION COMMITTEE	<u> </u>
. <u>PA</u> T	Name (Last, First, Middle Initial) FRICIA'S WORHUNSKY-QUINN ling Address 45 PROSPECT ST			Date of Receipt
				05 13 2011
City TE	RRYVILLE	State CT	Zip Code 06786	Transaction ID: SA11AI.44330  Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		40.00
Nar GE ATI	ne of Employer NESIS HEALTHCARE CORPOR- ON	Occupatio VP OPE	n RATIONS	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
. PAT	Name (Last, First, Middle Initial) FRICIA S WORHUNSKY-QUINN ling Address 45 PROSPECT ST			Date of Receipt
		Ctata	7:- Oada	05 27 2011
City TE	RRYVILLE	State CT	Zip Code 06786	Transaction ID: SA11AI.44331  Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		40.00
<u>ATI</u>			RATIONS	
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	
	Name (Last, First, Middle Initial) FRICIA S WORHUNSKY-QUINN			Date of Receipt
Mai	ling Address 45 PROSPECT ST			0 6 1 0 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.44332
FEC	RRYVILLE  C ID number of contributing eral political committee.	CT	06786	Amount of Each Receipt this Period 40.00
	ne of Employer NESIS HEALTHCARE CORPOR- ION	Occupatio VP OPE	n RATIONS	
Rec	ceipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 480.00	
SUBT	OTAL of Receipts This Page (optional) .			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 218 / 234 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPOR	he name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) PATRICIA'S WORHUNSKY-QUINN Mailing Address 45 PROSPECT ST			Date of Receipt
City TERRYVILLE FEC ID number of contributing	State CT	Zip Code 06786	Transaction ID: SA11AI.44333  Amount of Each Receipt this Period
federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For:  Primary General Other (specify) ▼		n RATIONS • Year-to-Date ▼	40.00
Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL ROA	AD		Date of Receipt  0 4 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.44098
KENNETT SQUARE	PA	19348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer GENESIS HEALTH VENTURES, INC.		PERTY MANAGEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) JACK WRIGHT			Date of Receipt
Mailing Address 834 NEWHALL ROA	<b>ND</b>		04 29 2011
City	State	Zip Code	Transaction ID: SA11AI.44099
KENNETT SQUARE  FEC ID number of contributing federal political committee.	C	19348	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC.	<del>-                                    </del>	PERTY MANAGEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional)	<b>'</b>		110.00

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 234 (check only one)    X
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  JACK WRIGHT  Mailing Address 834 NEWHALL  City		Date of Receipt    M M M
KENNETT SQUARE  FEC ID number of contributing federal political committee.	PA 19348	Amount of Each Receipt this Period  35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP-PROPERTY MANAGEMENT Aggregate Year-to-Date  350.00	
Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KENNETT SQUARE	State Zip Code PA 19348	Transaction ID: SA11AI.44101  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTH VENTURES, INC. Receipt For:  Primary General  Other (specify) ▼	Occupation VP-PROPERTY MANAGEMENT Aggregate Year-to-Date ▼  385.00	
Full Name (Last, First, Middle Initial) JACK WRIGHT Mailing Address 834 NEWHALL		Date of Receipt    M   M   D   D     Y   Y   Y   Y   Y   Y   Y
City KENNETT SQUARE	State Zip Code PA 19348	Transaction ID: SA11AI.44102  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SURTOTAL of Receipts This Page (o	otional)	105.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 234 (check only one)    X   11a
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GENESIS HEALTHCARE CORPORA	ATION POLIT	TICAL ACTION COMMITTEE	≣
۸.	Full Name (Last, First, Middle Initial) JACK WRIGHT			Date of Receipt
	Mailing Address 834 NEWHALL ROAI			06 24 2011
	City KENNETT SQUARE	State PA	Zip Code 19348	Transaction ID: SA11AI.44103  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer GENESIS HEALTH VENTURES, INC.	Occupatio VP-PRO	n PERTY MANAGEMENT	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 455.00	
. –	Full Name (Last, First, Middle Initial) STEPHEN S YOUNG	1		Date of Receipt
	Mailing Address 807 MERRIMAC LAN PO BOX 766	E		04 15 2011
	City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.44394
	FEC ID number of contributing federal political committee.	C	13373	Amount of Each Receipt this Period  50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	Occupatio DIRECT(	n OR-SR FINANCIAL RPT	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) STEPHEN S YOUNG			Date of Receipt
	Mailing Address 807 MERRIMAC LAN PO BOX 766	E		04 29 2011
	City UNIONVILLE	State PA	Zip Code 19375	Transaction ID: SA11AI.44395  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10070	50.00
	Name of Employer GENESIS HEALTHCARE CORPOR- ATION	_ + +	OR-SR FINANCIAL RPT	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Γ	SUBTOTAL of Receipts This Page (optional).	1		135.00

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)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION OF THE PROPERTY OF	tatements may not be sold or used by any personame and address of any political committee to TION POLITICAL ACTION COMMITTER	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG  Mailing Address 807 MERRIMAC LANE PO BOX 766  City UNIONVILLE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION Receipt For:	State Zip Code PA 19375  C  Occupation DIRECTOR-SR FINANCIAL RPT Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 1 3 2 0 1 1  Transaction ID: SA11AI.44396  Amount of Each Receipt this Period  50.00
Primary General Other (specify)   Full Name (Last, First, Middle Initial) STEPHEN S YOUNG	500.00	Date of Receipt
Mailing Address 807 MERRIMAC LANE PO BOX 766  City  UNIONVILLE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPORATION  Receipt For:  Primary General Other (specify)	State Zip Code PA 19375  C  Occupation DIRECTOR-SR FINANCIAL RPT  Aggregate Year-to-Date   550.00	Transaction ID: SA11AI.44397  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) STEPHEN S YOUNG  Mailing Address 807 MERRIMAC LANE PO BOX 766  City UNIONVILLE  FEC ID number of contributing federal political committee.  Name of Employer GENESIS HEALTHCARE CORPOR- ATION Receipt For: Primary General Other (specify)	State Zip Code PA 19375  C  Occupation DIRECTOR-SR FINANCIAL RPT  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 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

A.

PAGE 222 / 234 **SCHEDULE A (FEC Form 3X)** FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 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 Full Name (Last, First, Middle Initial) STEPHEN S YOUNG Date of Receipt Mailing Address 807 MERRIMAC LANE 06 24 2011 **PO BOX 766** City State Zip Code Transaction ID: SA11AI.44399 **UNIONVILLE** PA 19375 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer GENESIS HEALTHCARE CORPOR-Occupation DIRECTOR-SR FINANCIAL RPT **ATION** Receipt For: Aggregate Year-to-Date General Primary 650.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	50.00
TOTAL This Period (last page this line number only)	<b>•</b>	37178.45

Transaction ID: SB23.45466   Disbursement Terms   Disbursement Terms   Disbursement Terms   Disbursement Terms   Disbursement Terms   Disbursement   Disb	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	) FOR LINE	
Any Information copied from such Reports and Statements may not be sold or used by any press not fire beyond the subject of t	ITEMIZED DISBURSEMENTS	for each category of the	(Crieck only	_ ′ — — — —
ror for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) BAUCUS, MAX  Mailing Address PO BOX 586  City State Zip Code HELENA MT 59624  Purpose of Disbursement  Candidate Name  Office Sought: House President State: MT District: 00  Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS  Mailing Address PO BOX 21083 100 E. Pratt Street 26th Floor  City Catonsville MD 21228  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary Caeneral Other (specify) ▼  State: MD District: 03  Full Name (Last, First, Middle Initial) BOB CASEY FOR PENNSYLVANIA COMMITTEE  Mailing Address PO BOX 22469  City PHILADELPHIA PA 19110  Purpose of Disbursement  Candidate Name  Disbursement  Office Sought: Amount of Each Disbursement this Period Catonswille Amount of Each Disbur		, ,	27	28a 28b 28c 29 3
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) BAUCUS, MAX  Mailing Address PO BOX 586  City HELENA  Purpose of Disbursement  Candidate Name  Office Sought:  Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS  Mailing Address  Mailing Address  PO BOX 21993 100 E. Pratt Street 26th Floor City Catonsville  MD 21228  Purpose of Disbursement  Candidate Name  Office Sought:  X House Purpose of Disbursement  Candidate Name  Office Sought:  X House President State: MD District: 03  Full Name (Last, First, Middle Initial) BOB CASEY FOR PENNSYLVANIA COMMITTEE  Mailing Address  PO BOX 22469  City Primary  Office Sought:  X House President State: MD District: 03  Full Name (Last, First, Middle Initial) Sob Casey For PenNsylvANIA COMMITTEE  Mailing Address  PO BOX 22469  City PHILADELPHIA PA 19110  Purpose of Disbursement  Cardidate Name  Office Sought:  N House President State: District: 03  State: MD District: 03  City PHILADELPHIA Purpose of Disbursement  Cardidate Name  Office Sought:  N House President State: District: 03  State: District: 03  State: District: 03  State: District: 03  Amount of Each Disbursement this Portoc  Amount of Each Disbursement this Portoc  Category' Type  Amount of Each Disbursement this Portoc  Amount of Each Disbursement this Portoc  Amount of Each Disbursement this Portoc  Category' Type  Office Sought:  X Primary Purpose of Disbursement  Office Sought:  X Primary Purpose of Disbursement  Office Sought:  X Primary President State: District: 03  Amount of Each Disbursement this Portoc  Amount of Each Disbursement this Portoc  Amount of Each Disbursement this Portoc  Category' Type  Office Sought:  X Primary Prima				
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) BAUCUS, MAX  Mailing Address PO BOX 586  City Senate Typesident State: MT District: 00  Candidate Name  Office Sought: A House Senate Senate President Senate President Senate Other (specify) Type  Office Sought: A House Senate President Senate Other (specify) Type  Office Sought: A House Senate Primary General Other (specify) Type  Office Sought: A House Senate Primary General Other (specify) Type  Office Sought: A House Senate Primary General Other (specify) Type  Office Sought: A House Other (specif		c and address of any pointer		ion contributions from sacin committee
BAUCUS, MAX  Mailing Address PO BOX 586  City State Viscoursement Visco	` '	N POLITICAL ACTION (	COMMITTEE	
City HELENA MT S9624  Purpose of Disbursement  Candidate Name  Office Sought: House President State: MT District: 00  Full Name (Last, First, Middle Initial)  BEN CARDIN FOR CONGRESS  Mailing Address PO BOX 21093 100 E. Pratt Street 26th Floor  City State: MD District: 00  Full Name (Last, First, Middle Initial)  BEN CARDIN FOR CONGRESS  Mailing Address PO BOX 21093 100 E. Pratt Street 26th Floor  City State: MD 21228  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify) ▼  Office Sought: Senate President Other (specify) ▼  State: MD District: 03  Full Name (Last, First, Middle Initial)  BOB CASEY FOR PENNSYLVANIA COMMITTEE  Mailing Address PO BOX 22469  City State: Disbursement  Cardidate Name  Office Sought: Senate Primary General Other (specify) ▼  Transaction ID: SB23.45468 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB23.45468 Date of Disbursement this Period  Transaction ID: SB23.45468 Date of Disbursement To: 2012  Senate Primary General  Office Sought: House Senate Primary General  Office Sought: House Senate Primary General  Office Sought: Primary General  Office Sought: House Senate Primary General  Office Sought: Primary General  Offi	,			
HÉLENA MT 59624  Purpose of Disbursement  Candidate Name  Office Sought:	Mailing Address PO BOX 586			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & 1 & B \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 1 & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} \   \\$
Candidate Name  Office Sought:				Amount of Each Disbursement this Period
Office Sought:	Purpose of Disbursement		011	5000.00
X   Senate   President   President   Other (specify)   ▼	Candidate Name			
Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS  Mailing Address PO BOX 21093 100 E. Pratt Street 26th Floor  City Catonsville MD 21228  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President State: MD District: 03  Full Name (Last, First, Middle Initial) BOB CASEY FOR PENNSYLVANIA COMMITTEE  Mailing Address PO BOX 22469  City State Zip Code Category/ Type  Office Sought: Name (Last, First, Middle Initial) BOB CASEY FOR PENNSYLVANIA COMMITTEE  Mailing Address PO BOX 22469  City State Zip Code PHILADELPHIA PA 19110  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Primary General Other (specify) ▼  Substortal of Disbursement This Page (optional)	X Senate X President	Primary General		
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# SCHEDULE B (FEC Form 3X)

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	Mailing Address 200 Reservoir Street Suite 101		05 18 7 2011
	City Needham	State Zip Code MA 02494	Amount of Each Disbursement this Period 2500.00
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or for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Chester County Chamber  Mailing Address 1600 Paoli Pike  City State Zip Code Malvern PA 19355  Purpose of Disbursement  Candidate Name  Office Sought: House President President President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS  Mailing Address 38 Risley Road  City State Zip Code CT 06066  Purpose of Disbursement	Transaction ID: SB23.45474  Date of Disbursement  Mos M / Dog D / Y 2011  Amount of Each Disbursement this Period  1000.00  Transaction ID: SB23.45480  Date of Disbursement  Mos M / Dog D / Y 2011  Amount of Each Disbursement this Period
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NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  DEMOCRATIC CONGRESSIONAL  Mailing Address 430 South Capitol Street SE 2nd Floor  City State Zip Code Washington DC 20003  Purpose of Disbursement  City State Zip Code Disbursement  Office Sought: House Senate President  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code Disbursement  Office Sought: House Disbursement For: 2012 X Primary General President  City Washington DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2012 X Primary General President  State: District:  Full Name (Last, First, Middle Initial)  Fire PAC  Office Sought: House Disbursement For: 2012 X Primary General President  State: District:  Full Name (Last, First, Middle Initial)  Fire PAC  Office Sought: House President  State Zip Code Disbursement  Office Sought: Senate President  State Disbursement  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: President  State Disbursement For: 2012 X Primary General Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement This Peric Category/ Type  Office Sought: Amount of Each Disbursement		Detailed S	Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATIO			
Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA			Transaction ID: SB23.45471 Date of Disbursement
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Candidate Name  Office Sought: X House Disburs	sement For: 2012	Category/ Type	
	X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  JIM GERLACH			Transaction ID: SB23.43914 Date of Disbursement
Mailing Address 649 Deep Hollow Lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City Chester Springs	State Zip Code PA 19425		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name		Category/ Type	
	sement For: 2012  X Primary General  Other (specify)		
Full Name (Last, First, Middle Initial) JIM GERLACH			Transaction ID: SB23.45461 Date of Disbursement
Mailing Address 649 Deep Hollow Lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix} $
City Chester Springs	State Zip Code PA 19425		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2000.00
Candidate Name	agent For 2010	Category/ Type	
Office Sought: X House Disburs	sement For: 2012  X Primary General		
Senate President	Other (specify)		
Senate			5000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 228 / 234			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23	24	25	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				soliciting co		ons
NAME OF COMMITTEE (In Full)	e and address of any political c	orninities to sol		TIOTI SUCTION	Jornando	
GENESIS HEALTHCARE CORPORATION	N POLITICAL ACTION CO	MMITTEE				
Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC			Transaction II Date of Disbur	sement		
Mailing Address 175 SOUTH WEST TEM	PLE SUITE 650		06	14	ŹOĬ	1 1
City SALT LAKE CITY	State Zip Code UT 84101		Amount of Eac	ch Disburse	ment this	s Period
Purpose of Disbursement					2500.0	00
Candidate Name		O11 Category/ Type				
Office Sought:    House   Disburse     X Senate     President     State: UT   District:	ement For: 2012 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction II	D. CDOO	15151	
Michael Kelly			Date of Disbur	sement		/ * V
Mailing Address PO Box 476			05	03	2 0 1	1 1
City Lyndora	State Zip Code PA 16045		Amount of Eac	h Disburse		
Purpose of Disbursement		011			1000.0	00
Candidate Name		Category/ Type				
X Senate X President	ement For: 2012 Primary General Other (specify)					
State: PA District: 03						
Full Name (Last, First, Middle Initial) LOU BARLETTA FOR CONGRESS			Transaction II Date of Disbur	sement		
Mailing Address 1529 TERRACE BLVD 101 WEST BROAD STR	EET		05	03	ž0 i	1 1
City HAZLETON	State Zip Code PA 18201		Amount of Eac	ch Disburse		
Purpose of Disbursement		011			1000.0	00
Candidate Name		O11 Category/ Type				
Senate X President	ement For: 2012 Primary General Other (specify)					
State: PA District: 11						
SUBTOTAL of Disbursements This Page (optional)		<u></u>			4500.0	00

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

SCHEDULE B (FEC Form 3	' Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMEN		(check only 21b 27	7 one)  22
Any Information copied from such Reports or for commercial purposes, other than usin			
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPO	DRATION POLITICAL ACTION CO	OMMITTEE	
Full Name (Last, First, Middle Initial)  MANCHIN FOR WEST VIRGINIA			Transaction ID: SB23.45481 Date of Disbursement
Mailing Address PO BOX 5202			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D & M \end{smallmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ D & D & D & D & M \end{bmatrix}$
City CHARLESTON	State Zip Code WV 25361		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		011 Category/	2500.00
Office Sought: House	Disbursement For: 2012	Type	
X Senate President State: WV District: 00	X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  MARINO FOR CONGRESS			Transaction ID: SB23.45456 Date of Disbursement
Mailing Address PO BOX 653			$\begin{bmatrix}\begin{smallmatrix}M\\DD\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\DD\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\DD\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\D\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\D\end{smallmatrix}\end{bmatrix} \begin{bmatrix}Y\\D\end{smallmatrix}\end{bmatrix} \begin{bmatrix}Y\\D\end{smallmatrix}$
City WILLIAMSPORT	State Zip Code PA 17703		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name  Office Sought:   X House	Disbursement For: 2012	Category/ Type	
Senate President State: PA District: 10	X Primary General Other (specify)		
Full Name (Last, First, Middle Initial)  MCCASKILL FOR MISSOURI 20	12		Transaction ID: SB23.45464 Date of Disbursement
Mailing Address 700 13TH STRE SUITE 600	EET NW		05
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		011 Category/	2500.00
Office Sought:  House  X Senate  President	Disbursement For: 2012  X Primary General Other (specify)	Туре	
State: MO District: 00	(optional)		6000.00
SUBTOTAL of Disbursements This Page TOTAL This Period (last page this line nu			

CHEDULE B (FEC Fo	-	Use sepa	arate schedule(s)		FOR LINE (check on		R:		PAGE	230 /	234	_
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ny Information copied from such R r for commercial purposes, other th											;	
NAME OF COMMITTEE (In Ful GENESIS HEALTHCARE C	•	N POLITIC	AL ACTION C	OMM	IITTEE							
Full Name (Last, First, Middle In MCKINLEY FOR CONGRE	,					Date	saction ID of Disburs	ement				_
Mailing Address 32 20TH	STREET					0 <sup>M</sup> 4	M / D	20	Y	011	Y	
City WHEELING		State WV	Zip Code 26003			Amo	unt of Eacl	n Disbur	semer	nt this F	Perio	d
Purpose of Disbursement					)11	] L.			25	00.00		_
Candidate Name				Cat	egory/ ype							
Office Sought:  X House Senate President State: WV District: 01	X	ement For:  Primary  Other (spe	2012 General cify)									
Full Name (Last, First, Middle In MEEHAN, PATRICK L	itial)						saction ID of Disburs	_	23.454	153		
Mailing Address 50 S PRC	VIDENCE RO	AD				0 <sup>M</sup> 5	M / D	03 /	Y	011	Y	
City MEDIA		State PA	Zip Code 19063			Amo	unt of Eacl	n Disbur	semer	nt this F	Perio	d
Purpose of Disbursement					)11	<u> </u>			10	00.00		_
Candidate Name				Cat	egory/ ype							
Office Sought:  X House Senate President State: PA District: 07	X	ement For: C Primary Other (spe	2012 General cify)									
Full Name (Last, First, Middle In MONTANANS FOR TESTE							saction ID of Disburs		23.454	176		_
Mailing Address PO BOX	1135					0 <sup>M</sup> 6	M / D	1 4	Y	011	Y	
City HELENA		State MT	Zip Code 59624			Amo	unt of Eacl	n Disbur	semer	nt this F	Perio	d
Purpose of Disbursement					)11	<u> </u>			10	00.00		_
Candidate Name					egory/ ype							
Office Sought:  House  X Senate  President	Х	ement For: C Primary Other (spe	2011 General									
State: MT District: 00  SUBTOTAL of Disbursements Thi	c Page (entional)							•	45	00.00	)	=
SOBIOTAL OF DISDUISEMENTS THE	o raye (upliurial)				<u> </u>			1			_	

SCHEDULE B (FEC FOIII 3X)	Use separate s		FOR LINE N (check only o	
TEMIZED DISBURSEMENTS	for each category Detailed Sumn	mary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Start for commercial purposes, other than using the r  NAME OF COMMITTEE (In Full)				
GENESIS HEALTHCARE CORPORAT	ION POLITICAL A	ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) TIMOTHY MURPHY				Transaction ID: SB23.45460 Date of Disbursement
Mailing Address 221 Brookside Blvd.				05 M / D D / Y Y Y Y Y Y Y
City Pittsburgh		Code 241		Amount of Each Disbursement this Period
Purpose of Disbursement			011	1000.00
Candidate Name		<b>I</b>	ategory/ Type	
Senate President	ursement For:  X Primary Other (specify)	2012 General		
State: PA District: 18  Full Name (Last, First, Middle Initial)				Transaction ID: SB23.45479
NATIONAL REPUBLICAN CONGRESS	SIONAL COMMITT	ΓEE		Date of Disbursement
Mailing Address 320 FIRST STREET .				$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City WASHINGTON		Code 003		Amount of Each Disbursement this Perio
Purpose of Disbursement			012	1000.00
Candidate Name		<b>I</b>	ategory/ Type	
Office Sought: House Disb Senate President State: District:	ursement For:  X Primary Other (specify)	2012 General		
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIA	AL COMMITTEE			<b>Transaction ID:</b> SB23.45473 Date of Disbursement
Mailing Address 425 SECOND STREE	ET NE			05 M / 03 D / Y Y Y Y Y Y
City WASHINGTON		Code 002		Amount of Each Disbursement this Period
Purpose of Disbursement			012	2500.00
Candidate Name			ategory/ Type	
ÿ	ursement For:  X Primary	2012 General		
Senate President	Other (specify)	▼		
	Other (specify)	▼		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		LINE NUMBER: PAGE 232 / 234 ck only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	2 2	21b 22 X 23 24 25 27 28a 28b 28c 29
	y Information copied from such Reports and State or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATIO	N POLITICAL ACTION C	OMMITTI	EE
· <u>V                                    </u>	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS			Transaction ID: SB23.43921 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO BOX 425			04 29 2011
	City ROSWELL	State Zip Code GA 30077		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name		Category Type	y/
	· -	ement For: 2012 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.45489
	Roberts for Senate			Date of Disbursement
	Mailing Address 1737 H Street NW			06 06 7 29 7 2011
	City Washington	State Zip Code DC 20006		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name		Category	y/
	ÿ 📄 I 🧧	ement For: 2014 Primary General Other (specify)	31	
	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE			Transaction ID: SB23.43920 Date of Disbursement
	Mailing Address PO BOX 4945			04
	City EAST LANSING	State Zip Code MI 48826		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1500.00
	Candidate Name		Category	y/
	Office Sought:    House   Disburs	ement For: 2012 Primary X General Other (specify)		
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Transaction ID: SB23.4391  Amy Information copied from such Reports and Statements may not be sold or used by any person to the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee (and 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 (and the purpose of soliciting contributions from such committee)  NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  TUESDAY GROUP POLITICAL ACTION COMMITTEE  Mailing Address P. O. Box 11586  City  Washington  Office Sought: House President  District:  Full Name (Last, First, Middle Initial)  WALLY HERGER FOR CONGRESS COMMITTEE  Mailing Address PO BOX 1007  City  WILLOWS  CA 95988  Purpose of Disbursement  Candidate Name  Disbursement For:  State: CA District:  District:  Transaction ID: SB23.43911  Amount of Each Disbursement initial  WILSON FOR SENATE  Mailing Address PO BOX 10248  City  Amount of Each Disbursement this  Transaction ID: SB23.43911  Date of Disbursement initial  Transaction ID: SB23.43911  Date of Disbursement  Office Sought: President  Other (specify)   Transaction ID: SB23.43911  Date of Disbursement initial  Office Sought: President  Disbursement For: 2012  Amount of Each Disbursement initial  Office Sought: President  Disbursement For: 2012  Amount of Each Disbursement initial  Office Sought: President  Office Sought: President  Dinitial State State State State State State State State State Stat		(FEC Form 3)	'   US	e separa	ate schedule(s)				NUMBE	R:	F	PAGE 2	233 / 2	34
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)	ITEMIZED DIS	BURSEMENT	S for De				<u>`</u> 2	1b [	22				_	7
NAME OF COMMITTEE (In Full)  GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  TUESDAY GROUP POLITICAL ACTION COMMITTEE  Mailing Address P. O. Box 11586  City Washington  DC 20008  Purpose of Disbursement  Candidate Name  Other (specify)  WALLY HERGER FOR CONGRESS COMMITTEE  Mailing Address  President  City WILLOWS  Candidate Name  Office Sought:  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Other (specify)  Office Sought:  Candidate Name  Office Sought:  City Office Sought:  X House Senate President  Candidate Name  Office Sought:  X House President  State:  Disbursement For:  2012  X Primary General  Other (specify)  Type  Office Sought:  X House President  State:  City ALBUQUERQUE  NM  State  Disbursement  Office Sought:  Mailing Address  PO BOX 10248  City ALBUQUERQUE  NM  State  Disbursement  Office Sought:  X Primary General  Other (specify)  Type  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Transaction ID: SB23.43911  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement this  Date of Disbursement  Office Sought:  Amount of Each Disbursement this  Date of Disbursement  Office Sought:  Office Sou														
TUESDAY GROUP POLITICAL ACTION COMMITTEE  Mailing Address P. O. Box 11586  City State Zip Code Washington DC 20008  Purpose of Disbursement  Office Sought: House President State: District: Distri	NAME OF COMM	ITTEE (In Full)												
City Washington DC 20008  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Disbursement For: 2012 X Primary General Disbursement  Mailing Address PO BOX 1007  City WilLOWS CA 95988  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President Disbursement For: 2012 X Primary General Disbursement  Mailing Address PO BOX 1007  City WilLOWS CA 95988  Purpose of Disbursement  Office Sought: X House President Disbursement For: 2012 X Primary General Disbursement  State: CA District: 02  Full Name (Last, First, Middle Initial) WilLSON FOR SENATE  Mailing Address PO BOX 10248  City ALBUQUERQUE NM 87184  City Category/ Type  Other (specify) ▼  Transaction ID: SB23.43911 Date of Disbursement this 1500.00  Transaction ID: SB23.43911 Date of Disbursement this 1500.00  Amount of Each Disbursement this 1500.00  Transaction ID: SB23.43911 Date of Disbursement this 1500.00  Amount of Each Disbursement this 1500.00  Transaction ID: SB23.43911 Date of Disbursement this 1500.00  Amount of Each Disbursement this 1500.00  Transaction ID: SB23.43911 Date of Disbursement this 1500.00  Transaction ID: SB23.43911 Date of Disbursement To: 2012 Amount of Each Disbursement this 1500.00  Transaction ID: SB23.43911 Date of Disbursement To: 2012 Amount of Each Disb	•	,	TION COM	MITTE	<u> </u>						_	3.4391	3	
Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Other (specify)    City State Zip Code Candidate Name  Office Sought: X House Senate President Other (specify)    City State Zip Code Candidate Name  Office Sought: X House Senate President State: CA District:   Candidate Name  Office Sought: Y House Senate President State: CA District:   Candidate Name  Office Sought: X House Senate President State: CA District: Other (specify)    City State Zip Code CA 95988  Candidate Name  Office Sought: X House Senate President State: CA District: O2  Full Name (Last, First, Middle Initial)    WILSON FOR SENATE  Mailing Address PO BOX 10248  City State Zip Code NM 87184  City State State Zip Code NM 87184  City State	Mailing Address	P. O. Box 11586								M / [	12 /	Ý Ž0	11	
Candidate Name  Office Sought:									Amou	nt of Ea	ch Disbur			rio
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Senate President State: District:  Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE  Mailing Address PO BOX 1007  City State Zip Code WILLOWS CA 95988  Purpose of Disbursement  Candidate Name  Disbursement For: 2012								'/						
Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE  Mailing Address PO BOX 1007  City WILLOWS CA 95988  Purpose of Disbursement  Candidate Name  Office Sought:  Value Senate President  State: CA District: 02  Full Name (Last, First, Middle Initial) WILSON FOR SENATE  Mailing Address PO BOX 10248  City ALBUQUERQUE NM 87184  Purpose of Disbursement  Candidate Name  Disbursement For:  2012 X Primary General Date of Disbursement Initial Category/ Type  Transaction ID: SB23.45469 Date of Disbursement this  Amount of Each Disbursement this  2000.0  Transaction ID: SB23.43911 Date of Disbursement  Mailing Address PO BOX 10248  City ALBUQUERQUE NM 87184  Purpose of Disbursement  Candidate Name  Office Sought:  House X Primary General Disbursement For: 2012 Amount of Each Disbursement this  1000.0  Amount of Each Disbursement this  1000.0  Category/ Type  Office Sought:  House X Primary General Other (specify) Type  Other (specify) Type  Other (specify) Type	Office Sought:	Senate	X Prim	nary	General									
Mailing Address PO BOX 1007  City State Zip Code CA 95988  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President WILSON FOR SENATE  Mailing Address PO BOX 10248  City State Zip Code CA 95988  Disbursement For: 2012 X Primary General President Date of Disbursement  Mailing Address PO BOX 10248  City State Zip Code NM 87184  Purpose of Disbursement  Office Sought: NM 87184  Purpose of Disbursement  Office Sought: House X Senate President Disbursement For: 2012 X Primary General Date of Disbursement Unit Dat	Full Name (Last, F	irst, Middle Initial)									_	3.4546	9	_
WILLOWS CA 95988   Purpose of Disbursement 011   Candidate Name Category/ Type   Office Sought: X House Disbursement For: 2012   Senate X Primary General   President Other (specify) ▼    Transaction ID: SB23.43911  Date of Disbursement  Other (specify)  Transaction ID: SB23.43911  Transaction ID: SB23.43911  Date of Disbursement  Other (speci			S COMMIT	I E E								Ý Ž O	11	1
Purpose of Disbursement  Candidate Name  Office Sought:									Amou	nt of Ead	ch Disbur	sement t	his Pe	rio
Candidate Name  Category/ Type  Office Sought:		sement	CA		95988		011	$\neg$				2000	0.00	_
Senate President Other (specify) ▼  State: CA District: 02  Full Name (Last, First, Middle Initial) WILSON FOR SENATE  Mailing Address PO BOX 10248  City State Zip Code ALBUQUERQUE NM 87184  Purpose of Disbursement  Candidate Name  Office Sought: House X Senate President  Disbursement For: 2012 X Primary General Other (specify) ▼	Candidate Name					Ca	tegory	/						
Full Name (Last, First, Middle Initial) WILSON FOR SENATE  Mailing Address PO BOX 10248  City State Zip Code ALBUQUERQUE NM 87184  Purpose of Disbursement  Candidate Name  Office Sought: House X Senate President  Disbursement For: 2012 X Senate President  Other (specify)  Other (specify)		Senate President	X Prim	nary	General									
Mailing Address PO BOX 10248  City State Zip Code ALBUQUERQUE NM 87184  Purpose of Disbursement  Candidate Name  Disbursement For: 2012  X Senate President  Disbursement For: Qfice Sought: X Primary General Other (specify) ▼	Full Name (Last, F	irst, Middle Initial)										3.4391	1	
ALBUQUERQUE  Purpose of Disbursement  Candidate Name  Office Sought:  House X Senate President  Disbursement For: X Primary General Other (specify)  Type	Mailing Address	PO BOX 10248							0 <sup>M</sup> 4	M / [	11 /	y žo	11	
Candidate Name  Category/ Type  Office Sought:  House X Senate President  Disbursement For: 2012 X Primary General Other (specify)		E							Amou	nt of Ead	ch Disbur			rio
Office Sought:    House	Purpose of Disbur	sement					011					1000	0.00	_
X Senate X Primary General President Other (specify) ▼	Candidate Name							1/						
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) GENESIS HEALTHCARE CORPORATION	POLITICAL ACTION COM	1MITTEE	
Full Name (Last, First, Middle Initial) GENESIS HEALTHCARE CORPORATION EE		MITT-	Transaction ID: SB29.43917 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 EAST STATE STREE	ΞT		04 12 2011
,	State Zip Code PA 19348		Amount of Each Disbursement this Period
Purpose of Disbursement	Γ	008	4000.00
Candidate Name	C	Category/ Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			T ID ODOO 45404
Ridgewood Center			Transaction ID: SB29.45484 Date of Disbursement
Mailing Address 25 Ridgewood Road			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} $
	State Zip Code NH 03110		Amount of Each Disbursement this Period
Purpose of Disbursement Luncheon for PAC event		001	875.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	4875.00
TOTAL This Period (last page this line number only)	•	4875.00

State: