

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00292094 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2013 through 06 30 2013

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

Type or Print Name of Treasurer LAURENCE F LANE

Signature of Treasurer LAURENCE F LANE [Electronically Filed] Date 07 02 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		15439.40
(b) Cash on Hand at Beginning of Reporting Period.....	155042.29	
(c) Total Receipts (from Line 19)	47232.18	214195.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	202274.47	229634.47
7. Total Disbursements (from Line 31).....	42000.00	69360.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	160274.47	160274.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34683.66	61338.75
(ii) Unitemized	12548.52	38802.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47232.18	100141.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	47232.18	100141.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	114053.43
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	47232.18	214195.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47232.18	214195.07

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	66000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	330.00
(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	330.00
29. Other Disbursements	3000.00	3000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42000.00	69360.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42000.00	69360.00

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)	47232.18	100141.64
34. Total Contribution Refunds (from Line 28(d))	0.00	330.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47232.18	99811.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	30.00
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	30.00

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

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

FOR LINE NUMBER: PAGE 6 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JAMES M ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 MARLDALE DRIVE
 City MIDDLETOWN State DE Zip Code 19709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 03 / 2013
Transaction ID : SA11AI.57593
 Amount of Each Receipt this Period 25.00

B. JAMES M ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 MARLDALE DRIVE
 City MIDDLETOWN State DE Zip Code 19709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2013
Transaction ID : SA11AI.57594
 Amount of Each Receipt this Period 25.00

C. JAMES M ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 MARLDALE DRIVE
 City MIDDLETOWN State DE Zip Code 19709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2013
Transaction ID : SA11AI.57595
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 314 MARLDALE DRIVE

City State Zip Code
 MIDDLETOWN DE 19709

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION ADMINISTRATOR-EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.57596

Amount of Each Receipt this Period
 25.00

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

Mailing Address 314 MARLDALE DRIVE

City State Zip Code
 MIDDLETOWN DE 19709

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION ADMINISTRATOR-EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.57597

Amount of Each Receipt this Period
 25.00

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

Mailing Address 114 BORDEN WAY

City State Zip Code
 LINCOLN UNIVERSITY PA 19352

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-CUSTOMER SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58347

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 114 BORDEN WAY

City LINCOLN UNIVERSITY	State PA	Zip Code 19352
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.58348

Amount of Each Receipt this Period
20.00

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

Mailing Address 114 BORDEN WAY

City LINCOLN UNIVERSITY	State PA	Zip Code 19352
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.58349

Amount of Each Receipt this Period
20.00

C. HARRY H ALBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 213 WILTSHIRE DRIVE

City KENNETT SQUARE	State PA	Zip Code 19348
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FEC ID number of contributing federal political committee. **C**

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-INTERNAL AUDIT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57586

Amount of Each Receipt this Period
24.43

SUBTOTAL of Receipts This Page (optional).....▶	64.43
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. HARRY H ALBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 WILTSHIRE DRIVE
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57587
 Amount of Each Receipt this Period
 24.43

B. HARRY H ALBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 WILTSHIRE DRIVE
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57588
 Amount of Each Receipt this Period
 24.43

C. HARRY H ALBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 WILTSHIRE DRIVE
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57589
 Amount of Each Receipt this Period
 24.43

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.29
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. HARRY H ALBERTS

Mailing Address 213 WILTSHIRE DRIVE

City KENNETT SQUARE	State PA	Zip Code 19348
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FEC ID number of contributing federal political committee. **C**

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-INTERNAL AUDIT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
317.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57590

Amount of Each Receipt this Period
24.43

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

Mailing Address 811 GRANTLEY COURT

City YORK	State PA	Zip Code 17403
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57439

Amount of Each Receipt this Period
150.00

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

Mailing Address 811 GRANTLEY COURT

City YORK	State PA	Zip Code 17403
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57440

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	324.43
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 811 GRANTLEY COURT

City YORK State PA Zip Code 17403

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57441

Amount of Each Receipt this Period
 150.00

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

Mailing Address 811 GRANTLEY COURT

City YORK State PA Zip Code 17403

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57442

Amount of Each Receipt this Period
 150.00

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

Mailing Address 811 GRANTLEY COURT

City YORK State PA Zip Code 17403

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57443

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. DAVID C ALMQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 GRANTLEY COURT
 City YORK State PA Zip Code 17403
 Date of Receipt 06 / 21 / 2013
 Transaction ID : SA11AI.57444
 Amount of Each Receipt this Period 150.00
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

B. PAUL BACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 FARM RIDGE COURT
 City BALDWIN State MD Zip Code 21013
 Date of Receipt 04 / 12 / 2013
 Transaction ID : SA11AI.57198
 Amount of Each Receipt this Period 192.30
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

C. PAUL BACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 FARM RIDGE COURT
 City BALDWIN State MD Zip Code 21013
 Date of Receipt 04 / 26 / 2013
 Transaction ID : SA11AI.57199
 Amount of Each Receipt this Period 192.30
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 534.60
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL BACH		Date of Receipt MM / DD / YYYY 05 / 10 / 2013 Transaction ID : SA11AI.57200
Mailing Address 18 FARM RIDGE COURT		Amount of Each Receipt this Period 192.30
City BALDWIN	State MD	Zip Code 21013
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

Full Name (Last, First, Middle Initial) B. PAUL BACH		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : SA11AI.57201
Mailing Address 18 FARM RIDGE COURT		Amount of Each Receipt this Period 192.30
City BALDWIN	State MD	Zip Code 21013
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) C. PAUL BACH		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : SA11AI.57202
Mailing Address 18 FARM RIDGE COURT		Amount of Each Receipt this Period 192.30
City BALDWIN	State MD	Zip Code 21013
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-SR CENTERS OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PAUL BACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 FARM RIDGE COURT
 City BALDWIN State MD Zip Code 21013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90
 Date of Receipt 06 / 21 / 2013
 Transaction ID : SA11AI.57203
 Amount of Each Receipt this Period 192.30

B. ALEX BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 GARRETT ROAD, APT. A-204
 City UPPER DARBY State PA Zip Code 19082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL REIMBURSEMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00
 Date of Receipt 04 / 12 / 2013
 Transaction ID : SA11AI.57397
 Amount of Each Receipt this Period 40.00

C. ALEX BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 GARRETT ROAD, APT. A-204
 City UPPER DARBY State PA Zip Code 19082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL REIMBURSEMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00
 Date of Receipt 04 / 26 / 2013
 Transaction ID : SA11AI.57398
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.30
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ALEX BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 GARRETT ROAD, APT. A-204
 City UPPER DARBY State PA Zip Code 19082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL REIMBURSEMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57399
 Amount of Each Receipt this Period
 40.00

B. ALEX BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 GARRETT ROAD, APT. A-204
 City UPPER DARBY State PA Zip Code 19082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL REIMBURSEMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57400
 Amount of Each Receipt this Period
 40.00

C. ALEX BELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 GARRETT ROAD, APT. A-204
 City UPPER DARBY State PA Zip Code 19082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL REIMBURSEMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57401
 Amount of Each Receipt this Period
 40.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1600 GARRETT ROAD, APT. A-204

City State Zip Code
 UPPER DARBY PA 19082

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57402

Amount of Each Receipt this Period
 40.00

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

Mailing Address 8007 YELLOWSTONE RD

City State Zip Code
 KINGSVILLE MD 21087

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57253

Amount of Each Receipt this Period
 150.00

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

Mailing Address 8007 YELLOWSTONE RD

City State Zip Code
 KINGSVILLE MD 21087

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57254

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEFFREY BERENBACH		Date of Receipt <input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/> Transaction ID : SA11AI.57255
Mailing Address 8007 YELLOWSTONE RD		Amount of Each Receipt this Period <input type="text" value="150.00"/>
City KINGSVILLE	State MD	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JEFFREY BERENBACH		Date of Receipt <input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/> Transaction ID : SA11AI.57256
Mailing Address 8007 YELLOWSTONE RD		Amount of Each Receipt this Period <input type="text" value="150.00"/>
City KINGSVILLE	State MD	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEFFREY BERENBACH		Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/> Transaction ID : SA11AI.57257
Mailing Address 8007 YELLOWSTONE RD		Amount of Each Receipt this Period <input type="text" value="150.00"/>
City KINGSVILLE	State MD	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>
Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-ELDERCARE CENTERS REG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 18 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JEFFREY BERENBACH
Full Name (Last, First, Middle Initial)
Mailing Address 8007 YELLOWSTONE RD
City KINGSVILLE State MD Zip Code 21087
FEC ID number of contributing federal political committee. **C**
Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-ELDERCARE CENTERS REG
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1950.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.57258
Amount of Each Receipt this Period 150.00

B. GARY B BERNETT
Full Name (Last, First, Middle Initial)
Mailing Address 429 COLLEGE AVE
City HAVERFORD State PA Zip Code 19041
FEC ID number of contributing federal political committee. **C**
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-MEDICAL AFFAIRS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.57782
Amount of Each Receipt this Period 50.00

C. GARY B BERNETT
Full Name (Last, First, Middle Initial)
Mailing Address 429 COLLEGE AVE
City HAVERFORD State PA Zip Code 19041
FEC ID number of contributing federal political committee. **C**
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-MEDICAL AFFAIRS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.57783
Amount of Each Receipt this Period 50.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. GARY B BERNETT
Full Name (Last, First, Middle Initial)
Mailing Address 429 COLLEGE AVE

City HAVERFORD	State PA	Zip Code 19041
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-MEDICAL AFFAIRS
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57784

Amount of Each Receipt this Period
50.00

B. GARY B BERNETT
Full Name (Last, First, Middle Initial)
Mailing Address 429 COLLEGE AVE

City HAVERFORD	State PA	Zip Code 19041
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-MEDICAL AFFAIRS
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57785

Amount of Each Receipt this Period
50.00

C. GARY B BERNETT
Full Name (Last, First, Middle Initial)
Mailing Address 429 COLLEGE AVE

City HAVERFORD	State PA	Zip Code 19041
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-MEDICAL AFFAIRS
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57786

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City State Zip Code
 HAVERFORD PA 19041

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-MEDICAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 06 / 21 / 2013
Transaction ID : SA11AI.57787

Amount of Each Receipt this Period
 50.00

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

Mailing Address 212 ARDMORE AVENUE

City State Zip Code
 HADDONFIELD NJ 08033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 04 / 12 / 2013
Transaction ID : SA11AI.57241

Amount of Each Receipt this Period
 40.00

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

Mailing Address 212 ARDMORE AVENUE

City State Zip Code
 HADDONFIELD NJ 08033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 04 / 26 / 2013
Transaction ID : SA11AI.57242

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 212 ARDMORE AVENUE

City State Zip Code
 HADDONFIELD NJ 08033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57243

Amount of Each Receipt this Period
 40.00

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

Mailing Address 212 ARDMORE AVENUE

City State Zip Code
 HADDONFIELD NJ 08033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57244

Amount of Each Receipt this Period
 40.00

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

Mailing Address 212 ARDMORE AVENUE

City State Zip Code
 HADDONFIELD NJ 08033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57245

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 212 ARDMORE AVENUE

City HADDONFIELD State NJ Zip Code 08033

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.57246

Amount of Each Receipt this Period 40.00

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

Mailing Address 67 BLOSSOM ROAD

City WINDHAM State NH Zip Code 03087

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.57887

Amount of Each Receipt this Period 150.00

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

Mailing Address 67 BLOSSOM ROAD

City WINDHAM State NH Zip Code 03087

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.57888

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICHARD P BLINN		Date of Receipt
Mailing Address 67 BLOSSOM ROAD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDHAM	NH	03087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57889
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VICE PRESIDENT	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. RICHARD P BLINN		Date of Receipt
Mailing Address 67 BLOSSOM ROAD		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDHAM	NH	03087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57890
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VICE PRESIDENT	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1650.00"/>	

Full Name (Last, First, Middle Initial) C. RICHARD P BLINN		Date of Receipt
Mailing Address 67 BLOSSOM ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDHAM	NH	03087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57891
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VICE PRESIDENT	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. RICHARD P BLINN
Full Name (Last, First, Middle Initial)
Mailing Address 67 BLOSSOM ROAD

City WINDHAM	State NH	Zip Code 03087
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57892

Amount of Each Receipt this Period
150.00

B. EDWARD J BOEGGEMAN
Full Name (Last, First, Middle Initial)
Mailing Address 11 CONCORD WAY

City CHADDS FORD	State PA	Zip Code 19317
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP AND AREA CONTROLLER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57531

Amount of Each Receipt this Period
75.00

C. EDWARD J BOEGGEMAN
Full Name (Last, First, Middle Initial)
Mailing Address 11 CONCORD WAY

City CHADDS FORD	State PA	Zip Code 19317
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP AND AREA CONTROLLER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57532

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. EDWARD J BOEGGEMAN		Date of Receipt
Mailing Address 11 CONCORD WAY		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHADDS FORD	PA	19317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57533
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP AND AREA CONTROLLER	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) B. EDWARD J BOEGGEMAN		Date of Receipt
Mailing Address 11 CONCORD WAY		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHADDS FORD	PA	19317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57534
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP AND AREA CONTROLLER	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="825.00"/>	

Full Name (Last, First, Middle Initial) C. EDWARD J BOEGGEMAN		Date of Receipt
Mailing Address 11 CONCORD WAY		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHADDS FORD	PA	19317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57535
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP AND AREA CONTROLLER	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 26 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. EDWARD J BOEGGEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CONCORD WAY
 City CHADDS FORD State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND AREA CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57536
 Amount of Each Receipt this Period
 75.00

B. Joseph Bourne
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 PERRY RIDGE COURT
 City BALTIMORE State MD Zip Code 21237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SVP-MGD CARE REVENUE DEVLOPMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58114
 Amount of Each Receipt this Period
 50.00

C. Joseph Bourne
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 PERRY RIDGE COURT
 City BALTIMORE State MD Zip Code 21237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SVP-MGD CARE REVENUE DEVLOPMNT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58115
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 27 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBIN BROWN		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 Transaction ID : SA11AI.58370
Mailing Address 22 MOLLY LANE		Amount of Each Receipt this Period 25.00
City SEBAGO	State ME	Zip Code 04029
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-CLINICAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. ROBIN BROWN		Date of Receipt MM / DD / YYYY 05 / 10 / 2013 Transaction ID : SA11AI.58371
Mailing Address 22 MOLLY LANE		Amount of Each Receipt this Period 25.00
City SEBAGO	State ME	Zip Code 04029
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-CLINICAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ROBIN BROWN		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : SA11AI.58372
Mailing Address 22 MOLLY LANE		Amount of Each Receipt this Period 25.00
City SEBAGO	State ME	Zip Code 04029
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-CLINICAL REIMBURSEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBIN BROWN			Date of Receipt
Mailing Address 22 MOLLY LANE			<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City SEBAGO	State ME	Zip Code 04029	Transaction ID : SA11AI.58373
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-CLINICAL REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. ROBIN BROWN			Date of Receipt
Mailing Address 22 MOLLY LANE			<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City SEBAGO	State ME	Zip Code 04029	Transaction ID : SA11AI.58374
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation MANAGER-CLINICAL REIMBURSEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>		

Full Name (Last, First, Middle Initial) C. Marsha Butler			Date of Receipt
Mailing Address 2222 Ebbvale Road			<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Manchester	State MD	Zip Code 21102	Transaction ID : SA11AI.57944
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-AREA SALES & MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Marsha Butler		Date of Receipt
Mailing Address 2222 Ebbvale Road		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Manchester	MD	21102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57945
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA SALES & MARKETING	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Marsha Butler		Date of Receipt
Mailing Address 2222 Ebbvale Road		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Manchester	MD	21102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57946
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA SALES & MARKETING	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) C. Marsha Butler		Date of Receipt
Mailing Address 2222 Ebbvale Road		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Manchester	MD	21102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57947
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA SALES & MARKETING	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Marsha Butler

Mailing Address 2222 Ebbvale Road

City Manchester State MD Zip Code 21102

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 21 / 2013**

Transaction ID : SA11AI.57948

Amount of Each Receipt this Period **25.00**

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

Mailing Address 354 BORTONS MILL ROAD

City CHERRY HILL State NJ Zip Code 08034

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-ACCOUNTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 26 / 2013**

Transaction ID : SA11AI.57629

Amount of Each Receipt this Period **25.00**

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

Mailing Address 354 BORTONS MILL ROAD

City CHERRY HILL State NJ Zip Code 08034

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-ACCOUNTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 10 / 2013**

Transaction ID : SA11AI.57630

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT M CANNON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.57631	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05	/	24	/	2013									
Mailing Address 354 BORTONS MILL ROAD			Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
City CHERRY HILL	State NJ	Zip Code 08034											
FEC ID number of contributing federal political committee. C													
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ACCOUNTING												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>275.00</td> </tr> </table>		275.00										
275.00													

Full Name (Last, First, Middle Initial) B. ROBERT M CANNON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>07</td> <td>/</td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.57632	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	07	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	07	/	2013									
Mailing Address 354 BORTONS MILL ROAD			Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
City CHERRY HILL	State NJ	Zip Code 08034											
FEC ID number of contributing federal political committee. C													
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ACCOUNTING												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>		300.00										
300.00													

Full Name (Last, First, Middle Initial) C. ROBERT M CANNON			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>21</td> <td>/</td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.57633	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	21	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	21	/	2013									
Mailing Address 354 BORTONS MILL ROAD			Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
City CHERRY HILL	State NJ	Zip Code 08034											
FEC ID number of contributing federal political committee. C													
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-ACCOUNTING												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>325.00</td> </tr> </table>		325.00										
325.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00
75.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Leslie Cavicchi

Mailing Address 27 Christy Lane

City	State	Zip Code
Ashland	MA	01721-2143

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

Name of Employer	Occupation
Genesis HealthCare Corporation	VP Contracting Dept.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.58091

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)
B. Leslie Cavicchi

Mailing Address 27 Christy Lane

City	State	Zip Code
Ashland	MA	01721-2143

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

Name of Employer	Occupation
Genesis HealthCare Corporation	VP Contracting Dept.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.58092

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)
C. Leslie Cavicchi

Mailing Address 27 Christy Lane

City	State	Zip Code
Ashland	MA	01721-2143

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

Name of Employer	Occupation
Genesis HealthCare Corporation	VP Contracting Dept.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.58093

Amount of Each Receipt this Period

40.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Leslie Cavicchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Christy Lane
 City Ashland State MA Zip Code 01721-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation VP Contracting Dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58094
 Amount of Each Receipt this Period
 40.00

B. Leslie Cavicchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Christy Lane
 City Ashland State MA Zip Code 01721-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation VP Contracting Dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58095
 Amount of Each Receipt this Period
 40.00

C. Leslie Cavicchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Christy Lane
 City Ashland State MA Zip Code 01721-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation VP Contracting Dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58096
 Amount of Each Receipt this Period
 40.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. RICHARD E CODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 DANFORTH PLACE
 City State Zip Code
 WILIMINGTON DE 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-IS SUPPORT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 368.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57464
 Amount of Each Receipt this Period
 46.00

B. RICHARD E CODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 DANFORTH PLACE
 City State Zip Code
 WILIMINGTON DE 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-IS SUPPORT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 414.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57465
 Amount of Each Receipt this Period
 46.00

C. RICHARD E CODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 DANFORTH PLACE
 City State Zip Code
 WILIMINGTON DE 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-IS SUPPORT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57466
 Amount of Each Receipt this Period
 46.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. RICHARD E CODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 DANFORTH PLACE
 City WILIMINGTON State DE Zip Code 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-IS SUPPORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57467
 Amount of Each Receipt this Period
 46.00

B. RICHARD E CODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 DANFORTH PLACE
 City WILIMINGTON State DE Zip Code 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-IS SUPPORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57468
 Amount of Each Receipt this Period
 46.00

C. RICHARD E CODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 DANFORTH PLACE
 City WILIMINGTON State DE Zip Code 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-IS SUPPORT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57469
 Amount of Each Receipt this Period
 46.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Michelle Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Jillian Way
 City Westport State MA Zip Code 02790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CLINICAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57843
 Amount of Each Receipt this Period
 50.00

B. Michelle Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Jillian Way
 City Westport State MA Zip Code 02790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CLINICAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57844
 Amount of Each Receipt this Period
 50.00

C. Michelle Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Jillian Way
 City Westport State MA Zip Code 02790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CLINICAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57845
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Michelle Costa
Full Name (Last, First, Middle Initial)

Mailing Address 109 Jillian Way

City Westport State MA Zip Code 02790

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CLINICAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 24 / 2013**

Transaction ID : SA11AI.57846

Amount of Each Receipt this Period **50.00**

B. Michelle Costa
Full Name (Last, First, Middle Initial)

Mailing Address 109 Jillian Way

City Westport State MA Zip Code 02790

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CLINICAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 07 / 2013**

Transaction ID : SA11AI.57847

Amount of Each Receipt this Period **50.00**

C. Michelle Costa
Full Name (Last, First, Middle Initial)

Mailing Address 109 Jillian Way

City Westport State MA Zip Code 02790

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CLINICAL OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 21 / 2013**

Transaction ID : SA11AI.57848

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 38 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. VICKIE L COX
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 SUMMIT BRIDGE ROAD
 City TOWNSEND State DE Zip Code 19734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57323
 Amount of Each Receipt this Period
 20.00

B. VICKIE L COX
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 SUMMIT BRIDGE ROAD
 City TOWNSEND State DE Zip Code 19734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57324
 Amount of Each Receipt this Period
 20.00

C. VICKIE L COX
 Full Name (Last, First, Middle Initial)
 Mailing Address 5760 SUMMIT BRIDGE ROAD
 City TOWNSEND State DE Zip Code 19734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57325
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mary Crotty			Date of Receipt
Mailing Address 6 Munroe Drive			<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.58008
Rockport	MA	01966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
GENESIS HEALTHCARE CORPORATION	VP-QUALITY IMPROVEMENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Crotty			Date of Receipt
Mailing Address 6 Munroe Drive			<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.58009
Rockport	MA	01966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
GENESIS HEALTHCARE CORPORATION	VP-QUALITY IMPROVEMENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mary Crotty			Date of Receipt
Mailing Address 6 Munroe Drive			<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.58010
Rockport	MA	01966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
GENESIS HEALTHCARE CORPORATION	VP-QUALITY IMPROVEMENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 6 Munroe Drive

City State Zip Code
 Rockport MA 01966

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58011

Amount of Each Receipt this Period
 35.00

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

Mailing Address 6 Munroe Drive

City State Zip Code
 Rockport MA 01966

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58012

Amount of Each Receipt this Period
 35.00

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

Mailing Address 6 Munroe Drive

City State Zip Code
 Rockport MA 01966

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58013

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. M. Ellen Cullen
Full Name (Last, First, Middle Initial)

Mailing Address 230 WICKERSHAM ROAD

City	State	Zip Code
OXFORD	PA	19363

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	DIRECTOR-SR CORP CLINICAL OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2013

Transaction ID : SA11AI.58239

Amount of Each Receipt this Period
25.00

B. M. Ellen Cullen
Full Name (Last, First, Middle Initial)

Mailing Address 230 WICKERSHAM ROAD

City	State	Zip Code
OXFORD	PA	19363

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	DIRECTOR-SR CORP CLINICAL OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2013

Transaction ID : SA11AI.58240

Amount of Each Receipt this Period
25.00

C. M. Ellen Cullen
Full Name (Last, First, Middle Initial)

Mailing Address 230 WICKERSHAM ROAD

City	State	Zip Code
OXFORD	PA	19363

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	DIRECTOR-SR CORP CLINICAL OPS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

Transaction ID : SA11AI.58241

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. M. Ellen Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 WICKERSHAM ROAD
 City OXFORD State PA Zip Code 19363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR CORP CLINICAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58242
 Amount of Each Receipt this Period
 25.00

B. M. Ellen Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 WICKERSHAM ROAD
 City OXFORD State PA Zip Code 19363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR CORP CLINICAL OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58243
 Amount of Each Receipt this Period
 25.00

C. KENNETH CULLEROT
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TANGLEWOOD DRIVE
 City HENNIKER State NH Zip Code 03242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP & REGIONAL CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57210
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KENNETH CULLEROT		Date of Receipt
Mailing Address 44 TANGLEWOOD DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
HENNIKER	NH	03242
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57211
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	VP & REGIONAL CONTROLLER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. KENNETH CULLEROT		Date of Receipt
Mailing Address 44 TANGLEWOOD DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
HENNIKER	NH	03242
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57212
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	VP & REGIONAL CONTROLLER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. KENNETH CULLEROT		Date of Receipt
Mailing Address 44 TANGLEWOOD DRIVE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
HENNIKER	NH	03242
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57213
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	VP & REGIONAL CONTROLLER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 44 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KENNETH CULLEROT
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TANGLEWOOD DRIVE
 City HENNIKER State NH Zip Code 03242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP & REGIONAL CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57214
 Amount of Each Receipt this Period
 50.00

B. KENNETH CULLEROT
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TANGLEWOOD DRIVE
 City HENNIKER State NH Zip Code 03242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP & REGIONAL CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57215
 Amount of Each Receipt this Period
 50.00

C. JEFF CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 FOUR STREAMS DRIVE
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-CENTRAL BUSINESS OFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57656
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 831 FOUR STREAMS DRIVE

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57657

Amount of Each Receipt this Period
50.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57658

Amount of Each Receipt this Period
50.00

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

Mailing Address 831 FOUR STREAMS DRIVE

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57659

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JEFF CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 FOUR STREAMS DRIVE
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-CENTRAL BUSINESS OFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57660
 Amount of Each Receipt this Period
 50.00

B. JEFF CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 FOUR STREAMS DRIVE
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-CENTRAL BUSINESS OFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57661
 Amount of Each Receipt this Period
 50.00

C. PAULA D'AMICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 FLYWAY DRIVE
 City NEWTOWN SQUARE State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-PROJECT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.58175
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PAULA D'AMICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 FLYWAY DRIVE
 City NEWTOWN SQUARE State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-PROJECT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.58176
 Amount of Each Receipt this Period
 80.00

B. PAULA D'AMICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 FLYWAY DRIVE
 City NEWTOWN SQUARE State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-PROJECT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.58177
 Amount of Each Receipt this Period
 80.00

C. PAULA D'AMICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 FLYWAY DRIVE
 City NEWTOWN SQUARE State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-PROJECT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58178
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PAULA D'AMICO
Full Name (Last, First, Middle Initial)
Mailing Address 12 FLYWAY DRIVE

City NEWTOWN SQUARE	State PA	Zip Code 19073
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.58179

Amount of Each Receipt this Period
80.00

B. PAULA D'AMICO
Full Name (Last, First, Middle Initial)
Mailing Address 12 FLYWAY DRIVE

City NEWTOWN SQUARE	State PA	Zip Code 19073
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.58180

Amount of Each Receipt this Period
80.00

C. KEITH DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 33 RICKLAND DRIVE

City SEWELL	State NJ	Zip Code 08080
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57415

Amount of Each Receipt this Period
65.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEITH DAVIS		Date of Receipt
Mailing Address 33 RICKLAND DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
SEWELL	NJ	08080
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57416
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="65.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-REIMBURSEMENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	

Full Name (Last, First, Middle Initial) B. KEITH DAVIS		Date of Receipt
Mailing Address 33 RICKLAND DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
SEWELL	NJ	08080
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57417
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="65.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-REIMBURSEMENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) C. KEITH DAVIS		Date of Receipt
Mailing Address 33 RICKLAND DRIVE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
SEWELL	NJ	08080
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57418
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="65.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-REIMBURSEMENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="715.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="195.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 50 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KEITH DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 RICKLAND DRIVE
 City SEWELL State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57419
 Amount of Each Receipt this Period
 65.00

B. KEITH DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 RICKLAND DRIVE
 City SEWELL State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57420
 Amount of Each Receipt this Period
 65.00

C. CAROLYN DIEFENDERFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 DUBB DRIVE
 City NEWARK State DE Zip Code 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-CORPORATE BILLING SYS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57525
 Amount of Each Receipt this Period
 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAROLYN DIEFENDERFER		Date of Receipt
Mailing Address 1 DUBB DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City NEWARK	State DE	Zip Code 19702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.57526
Name of Employer GENESIS HEALTH VENTURES, INC.		Amount of Each Receipt this Period
Occupation DIRECTOR-CORPORATE BILLING SYS		<input type="text" value="55.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="495.00"/>	

Full Name (Last, First, Middle Initial) B. CAROLYN DIEFENDERFER		Date of Receipt
Mailing Address 1 DUBB DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City NEWARK	State DE	Zip Code 19702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.57527
Name of Employer GENESIS HEALTH VENTURES, INC.		Amount of Each Receipt this Period
Occupation DIRECTOR-CORPORATE BILLING SYS		<input type="text" value="55.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) C. CAROLYN DIEFENDERFER		Date of Receipt
Mailing Address 1 DUBB DRIVE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City NEWARK	State DE	Zip Code 19702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.57528
Name of Employer GENESIS HEALTH VENTURES, INC.		Amount of Each Receipt this Period
Occupation DIRECTOR-CORPORATE BILLING SYS		<input type="text" value="55.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="605.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. CAROLYN DIEFENDERFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 DUBB DRIVE
 City NEWARK State DE Zip Code 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-CORPORATE BILLING SYS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57529
 Amount of Each Receipt this Period
 55.00

B. CAROLYN DIEFENDERFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 DUBB DRIVE
 City NEWARK State DE Zip Code 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-CORPORATE BILLING SYS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57530
 Amount of Each Receipt this Period
 55.00

C. THOMAS DIVITTORIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SHEFFIELD DRIVE
 City WEST GROVE State PA Zip Code 19390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP & ASST CORPORATE CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57744
 Amount of Each Receipt this Period
 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 302.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THOMAS DIVITTORIO		Date of Receipt
Mailing Address 20 SHEFFIELD DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
WEST GROVE	PA	19390
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57745
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	VP & ASST CORPORATE CONTROLLER	<input type="text" value="192.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1728.00"/>	

Full Name (Last, First, Middle Initial) B. THOMAS DIVITTORIO		Date of Receipt
Mailing Address 20 SHEFFIELD DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
WEST GROVE	PA	19390
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57746
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	VP & ASST CORPORATE CONTROLLER	<input type="text" value="192.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1920.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS DIVITTORIO		Date of Receipt
Mailing Address 20 SHEFFIELD DRIVE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
WEST GROVE	PA	19390
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57747
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	VP & ASST CORPORATE CONTROLLER	<input type="text" value="192.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2112.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="576.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 54 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. THOMAS DIVITTORIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SHEFFIELD DRIVE
 City WEST GROVE State PA Zip Code 19390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP & ASST CORPORATE CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57748
 Amount of Each Receipt this Period
 192.00

B. THOMAS DIVITTORIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SHEFFIELD DRIVE
 City WEST GROVE State PA Zip Code 19390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP & ASST CORPORATE CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57749
 Amount of Each Receipt this Period
 192.00

C. MARY T DOUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 NEW YORK AVE
 City MANASQUAN State NJ Zip Code 08736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-HOSPITALITY SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57665
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 404.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MARY T DOUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 NEW YORK AVE
 City MANASQUAN State NJ Zip Code 08736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-HOSPITALITY SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57666
 Amount of Each Receipt this Period
 20.00

B. MARY T DOUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 NEW YORK AVE
 City MANASQUAN State NJ Zip Code 08736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-HOSPITALITY SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57667
 Amount of Each Receipt this Period
 20.00

C. JOSEPH DVORAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 CHESAPEAKE AVE
 City BALTIMORE State MD Zip Code 21220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57149
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH DVORAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 CHESAPEAKE AVE
 City Baltimore State MD Zip Code 21220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.57150
 Amount of Each Receipt this Period 50.00

B. JOSEPH DVORAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 CHESAPEAKE AVE
 City Baltimore State MD Zip Code 21220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.57151
 Amount of Each Receipt this Period 50.00

C. JOSEPH DVORAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 CHESAPEAKE AVE
 City Baltimore State MD Zip Code 21220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.57152
 Amount of Each Receipt this Period 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH DVORAK
Full Name (Last, First, Middle Initial)

Mailing Address 1408 CHESAPEAKE AVE

City	State	Zip Code
BALTIMORE	MD	21220

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

Name of Employer	Occupation
GENESIS HEALTH VENTURES, INC.	VP-REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57153

Amount of Each Receipt this Period

50.00

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

Mailing Address 1408 CHESAPEAKE AVE

City	State	Zip Code
BALTIMORE	MD	21220

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

Name of Employer	Occupation
GENESIS HEALTH VENTURES, INC.	VP-REIMBURSEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57154

Amount of Each Receipt this Period

50.00

C. SHAWN P EDDY
Full Name (Last, First, Middle Initial)

Mailing Address 5109 BRIAR MEADOW DRIVE

City	State	Zip Code
CROSS LANES	WV	25313

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	VICE PRESIDENT-CENTERS GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57576

Amount of Each Receipt this Period

20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. SHAWN P EDDY
Full Name (Last, First, Middle Initial)

Mailing Address 5109 BRIAR MEADOW DRIVE

City CROSS LANES	State WV	Zip Code 25313
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CENTERS GROUP
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57577

Amount of Each Receipt this Period
20.00

B. SHAWN P EDDY
Full Name (Last, First, Middle Initial)

Mailing Address 5109 BRIAR MEADOW DRIVE

City CROSS LANES	State WV	Zip Code 25313
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CENTERS GROUP
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57578

Amount of Each Receipt this Period
20.00

C. MARIAN D EDMISTON
Full Name (Last, First, Middle Initial)

Mailing Address 1056 KERWOOD ROAD

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR CORP CLINICAL EDUC
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.58410

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MARIAN D EDMISTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 KERWOOD ROAD
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR CORP CLINICAL EDUC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.58411
 Amount of Each Receipt this Period
 40.00

B. MARIAN D EDMISTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 KERWOOD ROAD
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR CORP CLINICAL EDUC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.58412
 Amount of Each Receipt this Period
 40.00

C. MARIAN D EDMISTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 KERWOOD ROAD
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR CORP CLINICAL EDUC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58413
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARIAN D EDMISTON		Date of Receipt
Mailing Address 1056 KERWOOD ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
WEST CHESTER	PA	19382
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58414
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-SR CORP CLINICAL EDUC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARIAN D EDMISTON		Date of Receipt
Mailing Address 1056 KERWOOD ROAD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
WEST CHESTER	PA	19382
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58415
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-SR CORP CLINICAL EDUC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Richard Edwards		Date of Receipt
Mailing Address 29 SOUTHAMPTON PARISH ROAD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
LANDENBERG	PA	19350
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58210
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="70.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP AND TREASURER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 61 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. J. Richard Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 SOUTHAMPTON PARISH ROAD
 City LANDENBERG State PA Zip Code 19350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58211
 Amount of Each Receipt this Period
 70.00

B. J. Richard Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 SOUTHAMPTON PARISH ROAD
 City LANDENBERG State PA Zip Code 19350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58212
 Amount of Each Receipt this Period
 70.00

C. J. Richard Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 SOUTHAMPTON PARISH ROAD
 City LANDENBERG State PA Zip Code 19350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58213
 Amount of Each Receipt this Period
 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PAMELA ELROD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 FARLEY BROOK RD.
 City CHELMSFORD State MA Zip Code 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00
 Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.57849
 Amount of Each Receipt this Period 35.00

B. PAMELA ELROD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 FARLEY BROOK RD.
 City CHELMSFORD State MA Zip Code 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00
 Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.57850
 Amount of Each Receipt this Period 35.00

C. PAMELA ELROD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 FARLEY BROOK RD.
 City CHELMSFORD State MA Zip Code 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP-SR CENTERS OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.57851
 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 63 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. PAMELA ELROD
 Mailing Address 16 FARLEY BROOK RD.
 City State Zip Code
 CHELMSFORD MA 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57852
 Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. PAMELA ELROD
 Mailing Address 16 FARLEY BROOK RD.
 City State Zip Code
 CHELMSFORD MA 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57853
 Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. PAMELA ELROD
 Mailing Address 16 FARLEY BROOK RD.
 City State Zip Code
 CHELMSFORD MA 01824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. VP-SR CENTERS OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 455.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57854
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. CHRISTINE M. EMRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 BLUE JAY DRIVE
 City NAZARETH State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL SALES-MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58519
 Amount of Each Receipt this Period
 20.00

B. CHRISTINE M. EMRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 BLUE JAY DRIVE
 City NAZARETH State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL SALES-MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58520
 Amount of Each Receipt this Period
 20.00

C. CHRISTINE M. EMRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 BLUE JAY DRIVE
 City NAZARETH State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REGIONAL SALES-MKTG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58521
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Margaret Erb

Mailing Address 126 LUDLOW ST

City State Zip Code
 BELCHERTOWN MA 01007

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS SLP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 214.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57376

Amount of Each Receipt this Period
 15.35

Full Name (Last, First, Middle Initial)
B. Margaret Erb

Mailing Address 126 LUDLOW ST

City State Zip Code
 BELCHERTOWN MA 01007

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS SLP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : SA11AI.57377

Amount of Each Receipt this Period
 15.35

Full Name (Last, First, Middle Initial)
c. Margaret Erb

Mailing Address 126 LUDLOW ST

City State Zip Code
 BELCHERTOWN MA 01007

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS SLP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 245.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57378

Amount of Each Receipt this Period
 15.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.05

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

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

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

FOR LINE NUMBER: PAGE 66 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Margaret Erb

Mailing Address 126 LUDLOW ST

City State Zip Code
 BELCHERTOWN MA 01007

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS SLP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : SA11AI.57379

Amount of Each Receipt this Period
 15.35

Full Name (Last, First, Middle Initial)
B. Margaret Erb

Mailing Address 126 LUDLOW ST

City State Zip Code
 BELCHERTOWN MA 01007

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS SLP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57380

Amount of Each Receipt this Period
 15.35

Full Name (Last, First, Middle Initial)
c. Margaret Erb

Mailing Address 126 LUDLOW ST

City State Zip Code
 BELCHERTOWN MA 01007

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS SLP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.57381

Amount of Each Receipt this Period
 15.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.05

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Margaret Erb
Full Name (Last, First, Middle Initial)

Mailing Address 126 LUDLOW ST

City BELCHERTOWN	State MA	Zip Code 01007
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-AREA GRS SLP
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57382

Amount of Each Receipt this Period

15.35

B. Margaret Erb
Full Name (Last, First, Middle Initial)

Mailing Address 126 LUDLOW ST

City BELCHERTOWN	State MA	Zip Code 01007
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-AREA GRS SLP
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57383

Amount of Each Receipt this Period

15.35

C. Margaret Erb
Full Name (Last, First, Middle Initial)

Mailing Address 126 LUDLOW ST

City BELCHERTOWN	State MA	Zip Code 01007
---------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-AREA GRS SLP
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
337.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57384

Amount of Each Receipt this Period

15.35

SUBTOTAL of Receipts This Page (optional).....▶	46.05
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HOLLY J ESTEL		Date of Receipt
Mailing Address 2048 PINECREST DRIVE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City MORGANTOWN State WV Zip Code 26505		Transaction ID : SA11AI.57788
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-CLINICAL OPERATIONS		<input type="text" value="103.47"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="555.68"/>	

Full Name (Last, First, Middle Initial) B. HOLLY J ESTEL		Date of Receipt
Mailing Address 2048 PINECREST DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City MORGANTOWN State WV Zip Code 26505		Transaction ID : SA11AI.57789
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-CLINICAL OPERATIONS		<input type="text" value="59.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="614.98"/>	

Full Name (Last, First, Middle Initial) C. HOLLY J ESTEL		Date of Receipt
Mailing Address 2048 PINECREST DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City MORGANTOWN State WV Zip Code 26505		Transaction ID : SA11AI.57790
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-CLINICAL OPERATIONS		<input type="text" value="67.90"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="682.88"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="230.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HOLLY J ESTEL		Date of Receipt
Mailing Address 2048 PINECREST DRIVE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57791
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-CLINICAL OPERATIONS	<input type="text" value="63.76"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="746.64"/>	

Full Name (Last, First, Middle Initial) B. HOLLY J ESTEL		Date of Receipt
Mailing Address 2048 PINECREST DRIVE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57792
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-CLINICAL OPERATIONS	<input type="text" value="79.11"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="825.75"/>	

Full Name (Last, First, Middle Initial) C. HOLLY J ESTEL		Date of Receipt
Mailing Address 2048 PINECREST DRIVE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
MORGANTOWN	WV	26505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57793
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-CLINICAL OPERATIONS	<input type="text" value="64.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="889.90"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="207.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 70 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. CYNTHIA H FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 COUNTRY COVE ESTATE
 City State Zip Code
 SCOTT DEPOT WV 25560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58151
 Amount of Each Receipt this Period
 20.00

B. CYNTHIA H FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 COUNTRY COVE ESTATE
 City State Zip Code
 SCOTT DEPOT WV 25560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58152
 Amount of Each Receipt this Period
 20.00

C. CYNTHIA H FARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 COUNTRY COVE ESTATE
 City State Zip Code
 SCOTT DEPOT WV 25560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-REGIONAL MARKETING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58153
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. DEAN FEICK
Full Name (Last, First, Middle Initial)
Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-CENTERS GROUP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57235

Amount of Each Receipt this Period
50.00

B. DEAN FEICK
Full Name (Last, First, Middle Initial)
Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-CENTERS GROUP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57236

Amount of Each Receipt this Period
50.00

C. DEAN FEICK
Full Name (Last, First, Middle Initial)
Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-CENTERS GROUP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57237

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. DEAN FEICK
Full Name (Last, First, Middle Initial)
Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-CENTERS GROUP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57238

Amount of Each Receipt this Period
50.00

B. DEAN FEICK
Full Name (Last, First, Middle Initial)
Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-CENTERS GROUP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57239

Amount of Each Receipt this Period
50.00

C. DEAN FEICK
Full Name (Last, First, Middle Initial)
Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VICE PRESIDENT-CENTERS GROUP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57240

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 19 KITCHEN LANE

City FAYETTEVILLE State WV Zip Code 25840

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
04 / 12 / 2013
Transaction ID : SA11AI.57794

Amount of Each Receipt this Period
30.00

B. Mary Ferrell
Full Name (Last, First, Middle Initial)

Mailing Address 19 KITCHEN LANE

City FAYETTEVILLE State WV Zip Code 25840

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
04 / 26 / 2013
Transaction ID : SA11AI.57795

Amount of Each Receipt this Period
30.00

C. Mary Ferrell
Full Name (Last, First, Middle Initial)

Mailing Address 19 KITCHEN LANE

City FAYETTEVILLE State WV Zip Code 25840

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 10 / 2013
Transaction ID : SA11AI.57796

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 19 KITCHEN LANE

City FAYETTEVILLE State WV Zip Code 25840

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
05 / 24 / 2013
Transaction ID : SA11AI.57797

Amount of Each Receipt this Period
30.00

B. Mary Ferrell
Full Name (Last, First, Middle Initial)

Mailing Address 19 KITCHEN LANE

City FAYETTEVILLE State WV Zip Code 25840

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
06 / 07 / 2013
Transaction ID : SA11AI.57798

Amount of Each Receipt this Period
30.00

C. Mary Ferrell
Full Name (Last, First, Middle Initial)

Mailing Address 19 KITCHEN LANE

City FAYETTEVILLE State WV Zip Code 25840

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
06 / 21 / 2013
Transaction ID : SA11AI.57799

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 12 GREENTREE DRIVE

City PHEONIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57716

Amount of Each Receipt this Period
30.00

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

Mailing Address 12 GREENTREE DRIVE

City PHEONIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57717

Amount of Each Receipt this Period
30.00

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

Mailing Address 12 GREENTREE DRIVE

City PHEONIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57718

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. RICHARD M FINK
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 GREENTREE DRIVE
 City PHEONIX State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57719
 Amount of Each Receipt this Period
 30.00

B. RICHARD M FINK
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 GREENTREE DRIVE
 City PHEONIX State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57720
 Amount of Each Receipt this Period
 30.00

C. RICHARD M FINK
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 GREENTREE DRIVE
 City PHEONIX State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-REIMBURSEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57721
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 4613 ROXBURY DRIVE

City	State	Zip Code
BETHESDA	MD	20814

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57699

Amount of Each Receipt this Period
25.00

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

Mailing Address 4613 ROXBURY DRIVE

City	State	Zip Code
BETHESDA	MD	20814

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57700

Amount of Each Receipt this Period
25.00

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

Mailing Address 4613 ROXBURY DRIVE

City	State	Zip Code
BETHESDA	MD	20814

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57701

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
BETHESDA MD 20814

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2013
Transaction ID : SA11AI.57702

Amount of Each Receipt this Period
25.00

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

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
BETHESDA MD 20814

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2013
Transaction ID : SA11AI.57703

Amount of Each Receipt this Period
25.00

C. ROBIN THELMA FORTIN
Full Name (Last, First, Middle Initial)

Mailing Address 142 MASSAPOAG ROAD

City State Zip Code
TYNGSBORO MA 01879

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2013
Transaction ID : SA11AI.58498

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBIN THELMA FORTIN		Date of Receipt
Mailing Address 142 MASSAPOAG ROAD		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
TYNGSBORO	MA	01879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58499
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. ROBIN THELMA FORTIN		Date of Receipt
Mailing Address 142 MASSAPOAG ROAD		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
TYNGSBORO	MA	01879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58500
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) C. ROBIN THELMA FORTIN		Date of Receipt
Mailing Address 142 MASSAPOAG ROAD		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
TYNGSBORO	MA	01879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58501
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 80 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ROBIN THELMA FORTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 MASSAPOAG ROAD
 City TYNGSBORO State MA Zip Code 01879
 Date of Receipt 06 / 28 / 2013
 Transaction ID : SA11AI.58502
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00

B. Mary V.m. Galvez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4409 UNDERWOOD ROAD
 City BALTIMORE State MD Zip Code 21218
 Date of Receipt 04 / 26 / 2013
 Transaction ID : SA11AI.57538
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CORPORATE COMMUNICATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

c. Mary V.m. Galvez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4409 UNDERWOOD ROAD
 City BALTIMORE State MD Zip Code 21218
 Date of Receipt 05 / 10 / 2013
 Transaction ID : SA11AI.57539
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CORPORATE COMMUNICATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Mary V.m. Galvez		Date of Receipt
Mailing Address 4409 UNDERWOOD ROAD		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
BALTIMORE	MD	21218
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57540
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-CORPORATE COMMUNICATIONS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) B. Mary V.m. Galvez		Date of Receipt
Mailing Address 4409 UNDERWOOD ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
BALTIMORE	MD	21218
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57541
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-CORPORATE COMMUNICATIONS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Mary V.m. Galvez		Date of Receipt
Mailing Address 4409 UNDERWOOD ROAD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
BALTIMORE	MD	21218
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57542
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-CORPORATE COMMUNICATIONS	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 82 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code
 GOSHEN KY 40026

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 231.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58740

Amount of Each Receipt this Period
 82.70

Full Name (Last, First, Middle Initial)
B. DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City State Zip Code
 CHESTER SPRINGS PA 19425

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57277

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City State Zip Code
 CHESTER SPRINGS PA 19425

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57278

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.70

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. DENNIS GREGORY
Full Name (Last, First, Middle Initial)
Mailing Address 17 ONEIDA COURT

City CHESTER SPRINGS	State PA	Zip Code 19425
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57279

Amount of Each Receipt this Period
35.00

B. DENNIS GREGORY
Full Name (Last, First, Middle Initial)
Mailing Address 17 ONEIDA COURT

City CHESTER SPRINGS	State PA	Zip Code 19425
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57280

Amount of Each Receipt this Period
35.00

C. DENNIS GREGORY
Full Name (Last, First, Middle Initial)
Mailing Address 17 ONEIDA COURT

City CHESTER SPRINGS	State PA	Zip Code 19425
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57281

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City State Zip Code
CHESTER SPRINGS PA 19425

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013
Transaction ID : SA11AI.57282

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-PHARMACY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013
Transaction ID : SA11AI.58341

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. FRANCIS GROSSO

Mailing Address 28 COMMONWEALTH AVENUE
APT #4

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-PHARMACY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013
Transaction ID : SA11AI.58342

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRANCIS GROSSO		Date of Receipt
Mailing Address 28 COMMONWEALTH AVENUE APT #4		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOSTON	MA	02116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58343
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-PHARMACY SERVICES	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. MARYLEE GROSSO		Date of Receipt
Mailing Address 28 COMMONWEALTH AVENUE #4		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOSTON	MA	02116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57492
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-CLINICAL PRACTICE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) C. MARYLEE GROSSO		Date of Receipt
Mailing Address 28 COMMONWEALTH AVENUE #4		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
BOSTON	MA	02116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57493
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-CLINICAL PRACTICE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MARYLEE GROSSO
Full Name (Last, First, Middle Initial)

Mailing Address 28 COMMONWEALTH AVENUE #4

City	State	Zip Code
BOSTON	MA	02116

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	DIRECTOR-CLINICAL PRACTICE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57494

Amount of Each Receipt this Period
20.00

B. MICHAEL P GUGLIELMO
Full Name (Last, First, Middle Initial)

Mailing Address 1503 STALEY CIRCLE

City	State	Zip Code
HARLEYSVILLE	PA	19438

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	VP-STRATEGIC STAFFING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.58388

Amount of Each Receipt this Period
50.00

C. MICHAEL P GUGLIELMO
Full Name (Last, First, Middle Initial)

Mailing Address 1503 STALEY CIRCLE

City	State	Zip Code
HARLEYSVILLE	PA	19438

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

Name of Employer	Occupation
GENESIS HEALTHCARE CORPORATION	VP-STRATEGIC STAFFING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.58389

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MICHAEL P GUGLIELMO
Full Name (Last, First, Middle Initial)

Mailing Address 1503 STALEY CIRCLE

City HARLEYSVILLE State PA Zip Code 19438

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-STRATEGIC STAFFING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 10 / 2013
Transaction ID : SA11AI.58390

Amount of Each Receipt this Period
50.00

B. MICHAEL P GUGLIELMO
Full Name (Last, First, Middle Initial)

Mailing Address 1503 STALEY CIRCLE

City HARLEYSVILLE State PA Zip Code 19438

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-STRATEGIC STAFFING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
05 / 24 / 2013
Transaction ID : SA11AI.58391

Amount of Each Receipt this Period
50.00

C. MICHAEL P GUGLIELMO
Full Name (Last, First, Middle Initial)

Mailing Address 1503 STALEY CIRCLE

City HARLEYSVILLE State PA Zip Code 19438

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-STRATEGIC STAFFING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 07 / 2013
Transaction ID : SA11AI.58392

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MICHAEL P GUGLIELMO
Full Name (Last, First, Middle Initial)

Mailing Address 1503 STALEY CIRCLE

City HARLEYSVILLE State PA Zip Code 19438

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-STRATEGIC STAFFING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 21 / 2013**

Transaction ID : SA11AI.58393

Amount of Each Receipt this Period **50.00**

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

Mailing Address 312 LEE ROAD

City FOLLANSBEE State WV Zip Code 26037

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 12 / 2013**

Transaction ID : SA11AI.57357

Amount of Each Receipt this Period **100.00**

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

Mailing Address 312 LEE ROAD

City FOLLANSBEE State WV Zip Code 26037

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 26 / 2013**

Transaction ID : SA11AI.57358

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **250.00**

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

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

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

FOR LINE NUMBER: PAGE 89 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KATHY L HADDON			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57359			M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		1	0		2	0	1	3																
Mailing Address 312 LEE ROAD			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			1	0	0	0	0	0	0	0	0	0										
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City FOLLANSBEE	State WV	Zip Code 26037																							
FEC ID number of contributing federal political committee. <table border="1" style="width:100%; text-align: center;"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																						
C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	0	0	0	0	0	0	0	0	0										
1	0	0	0	0	0	0	0	0	0																

Full Name (Last, First, Middle Initial) B. KATHY L HADDON			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57360			M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		2	4		2	0	1	3																
Mailing Address 312 LEE ROAD			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			1	0	0	0	0	0	0	0	0	0										
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City FOLLANSBEE	State WV	Zip Code 26037																							
FEC ID number of contributing federal political committee. <table border="1" style="width:100%; text-align: center;"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																						
C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	1	0	0	0	0	0	0	0	0										
1	1	0	0	0	0	0	0	0	0																

Full Name (Last, First, Middle Initial) C. KATHY L HADDON			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57361			M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		0	7		2	0	1	3																
Mailing Address 312 LEE ROAD			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			1	2	0	0	0	0	0	0	0	0										
1	2	0	0	0	0	0	0	0	0																
City FOLLANSBEE	State WV	Zip Code 26037																							
FEC ID number of contributing federal political committee. <table border="1" style="width:100%; text-align: center;"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																						
C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VICE PRESIDENT-CENTERS GROUP																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	0	0	0	0	0	0	0	0										
1	2	0	0	0	0	0	0	0	0																

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	3	0	0	0	0	0	0	0	0	0										
3	0	0	0	0	0	0	0	0	0												
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KATHY L HADDON			Date of Receipt
Mailing Address 312 LEE ROAD			<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.57362
FOLLANSBEE	WV	26037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
GENESIS HEALTHCARE CORPORATION	VICE PRESIDENT-CENTERS GROUP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert Harris			Date of Receipt
Mailing Address 56 Covington Drive			<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.58036
Shrewsbury	PA	17361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
Genesis HealthCare Corp	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="245.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Harris			Date of Receipt
Mailing Address 56 Covington Drive			<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.58037
Shrewsbury	PA	17361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
Genesis HealthCare Corp	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 91 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 56 Covington Drive

City Shrewsbury State PA Zip Code 17361

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

Name of Employer Genesis HealthCare Corp Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
05 / 03 / 2013

Transaction ID : SA11AI.58038

Amount of Each Receipt this Period
35.00

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

Mailing Address 56 Covington Drive

City Shrewsbury State PA Zip Code 17361

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

Name of Employer Genesis HealthCare Corp Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
05 / 17 / 2013

Transaction ID : SA11AI.58039

Amount of Each Receipt this Period
35.00

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

Mailing Address 56 Covington Drive

City Shrewsbury State PA Zip Code 17361

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

Name of Employer Genesis HealthCare Corp Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
05 / 31 / 2013

Transaction ID : SA11AI.58040

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ► **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 56 Covington Drive

City Shrewsbury	State PA	Zip Code 17361
--------------------	-------------	-------------------

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

Name of Employer Genesis HealthCare Corp	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.58041

Amount of Each Receipt this Period
35.00

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

Mailing Address 56 Covington Drive

City Shrewsbury	State PA	Zip Code 17361
--------------------	-------------	-------------------

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

Name of Employer Genesis HealthCare Corp	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11AI.58042

Amount of Each Receipt this Period
35.00

C. Wm. Craig Harris
Full Name (Last, First, Middle Initial)

Mailing Address 102 PATRIOT DRIVE

City COLLEGEVILLE	State PA	Zip Code 19426
----------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57864

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 102 PATRIOT DRIVE

City State Zip Code
COLLEGEVILLE PA 19426

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57865

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Wm. Craig Harris

Mailing Address 102 PATRIOT DRIVE

City State Zip Code
COLLEGEVILLE PA 19426

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57866

Amount of Each Receipt this Period
20.00

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

Mailing Address 497 WINDING CREEK COURT

City State Zip Code
DAVIDSONVILLE MD 21035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57925

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00

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

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

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

FOR LINE NUMBER: PAGE 94 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KATHRYN HEFLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 WINDING CREEK COURT
 City State Zip Code
 DAVIDSONVILLE MD 21035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 610.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57926
 Amount of Each Receipt this Period
 75.00

B. KATHRYN HEFLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 WINDING CREEK COURT
 City State Zip Code
 DAVIDSONVILLE MD 21035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 685.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57927
 Amount of Each Receipt this Period
 75.00

C. KATHRYN HEFLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 WINDING CREEK COURT
 City State Zip Code
 DAVIDSONVILLE MD 21035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57928
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KATHRYN HEFLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 WINDING CREEK COURT
 City State Zip Code
 DAVIDSONVILLE MD 21035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 835.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57929
 Amount of Each Receipt this Period
 75.00

B. KATHRYN HEFLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 WINDING CREEK COURT
 City State Zip Code
 DAVIDSONVILLE MD 21035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. DIRECTOR-ELDERCARE CENTERS REG
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 910.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57930
 Amount of Each Receipt this Period
 75.00

C. NATALIE P HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2306 SULGRAVE AVENUE
 City State Zip Code
 BALTIMORE MD 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-DEVELOPMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57454
 Amount of Each Receipt this Period
 18.50

SUBTOTAL of Receipts This Page (optional).....▶	168.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 96 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. NATALIE P HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2306 SULGRAVE AVENUE
 City Baltimore State MD Zip Code 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-DEVELOPMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **222.00**

Date of Receipt **06 / 07 / 2013**
Transaction ID : SA11AI.57455
 Amount of Each Receipt this Period **18.50**

B. NATALIE P HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2306 SULGRAVE AVENUE
 City Baltimore State MD Zip Code 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-DEVELOPMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.50**

Date of Receipt **06 / 21 / 2013**
Transaction ID : SA11AI.57456
 Amount of Each Receipt this Period **18.50**

C. Darin Hopping
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 FOXGLOVE LN
 City Lexington State NC Zip Code 27292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.31**

Date of Receipt **06 / 21 / 2013**
Transaction ID : SA11AI.58723
 Amount of Each Receipt this Period **88.85**

SUBTOTAL of Receipts This Page (optional)..... **125.85**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 97 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SHARON KAYE JOHNSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>3</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	1	3														
Mailing Address 403 SPRUCE LANE			Transaction ID : SA11AI.58507																				
City BECKLEY	State WV	Zip Code 25801	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>0</td><td>0</td><td>0</td> </tr> </table>	2	0	0	0																
2	0	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>2</td><td>0</td><td>0</td> </tr> </table>	2	2	0	0																		
2	2	0	0																				

Full Name (Last, First, Middle Initial) B. SHARON KAYE JOHNSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>1</td><td>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	4		2	0	1	3														
Mailing Address 403 SPRUCE LANE			Transaction ID : SA11AI.58508																				
City BECKLEY	State WV	Zip Code 25801	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>4</td><td>0</td><td>0</td> </tr> </table>	2	4	0	0																
2	4	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>4</td><td>0</td><td>0</td> </tr> </table>	2	4	0	0																		
2	4	0	0																				

Full Name (Last, First, Middle Initial) C. SHARON KAYE JOHNSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>8</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	1	3														
Mailing Address 403 SPRUCE LANE			Transaction ID : SA11AI.58509																				
City BECKLEY	State WV	Zip Code 25801	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>6</td><td>0</td><td>0</td> </tr> </table>	2	6	0	0																
2	6	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>6</td><td>0</td><td>0</td> </tr> </table>	2	6	0	0																		
2	6	0	0																				

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>6</td><td>0</td><td>0</td><td>0</td> </tr> </table>	6	0	0	0
6	0	0	0		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>				

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

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

FOR LINE NUMBER: PAGE 98 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. REGINA R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 WEATHERLY AVENUE
 City NEWPORT State RI Zip Code 02840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-NURSING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57296
 Amount of Each Receipt this Period
 10.00

B. REGINA R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 WEATHERLY AVENUE
 City NEWPORT State RI Zip Code 02840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-NURSING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.57297
 Amount of Each Receipt this Period
 10.00

C. REGINA R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 WEATHERLY AVENUE
 City NEWPORT State RI Zip Code 02840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-NURSING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57298
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. REGINA R JONES		Date of Receipt
Mailing Address 2 WEATHERLY AVENUE		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code NEWPORT RI 02840		Transaction ID : SA11AI.57299
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. REGINA R JONES		Date of Receipt
Mailing Address 2 WEATHERLY AVENUE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code NEWPORT RI 02840		Transaction ID : SA11AI.57300
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. REGINA R JONES		Date of Receipt
Mailing Address 2 WEATHERLY AVENUE		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code NEWPORT RI 02840		Transaction ID : SA11AI.57301
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-NURSING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Thomas Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 804 FORESTBROOK DRIVE

City HURRICANE	State WV	Zip Code 25526
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-SR
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57870

Amount of Each Receipt this Period
20.00

B. Thomas Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 804 FORESTBROOK DRIVE

City HURRICANE	State WV	Zip Code 25526
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-SR
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57871

Amount of Each Receipt this Period
20.00

C. Thomas Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 804 FORESTBROOK DRIVE

City HURRICANE	State WV	Zip Code 25526
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-SR
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57872

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WALTER J KIELAR		Date of Receipt
Mailing Address 12 BLANTYRE CIR		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
THORNTON	PA	19373
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57186
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-SR CENTERS OPERATIONS	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. WALTER J KIELAR		Date of Receipt
Mailing Address 12 BLANTYRE CIR		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
THORNTON	PA	19373
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57187
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-SR CENTERS OPERATIONS	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1350.00"/>	

Full Name (Last, First, Middle Initial) C. WALTER J KIELAR		Date of Receipt
Mailing Address 12 BLANTYRE CIR		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
THORNTON	PA	19373
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57188
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-SR CENTERS OPERATIONS	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 102 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WALTER J KIELAR			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57189			M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		2	4		2	0	1	3																
Mailing Address 12 BLANTYRE CIR			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td> </tr> </table>			1	5	0	0																
1	5	0	0																						
City THORNTON	State PA	Zip Code 19373																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-SR CENTERS OPERATIONS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>6</td><td>5</td><td>0</td><td>0</td> </tr> </table>				1	6	5	0	0															
1	6	5	0	0																					

Full Name (Last, First, Middle Initial) B. WALTER J KIELAR			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57190			M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		0	7		2	0	1	3																
Mailing Address 12 BLANTYRE CIR			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td> </tr> </table>			1	5	0	0																
1	5	0	0																						
City THORNTON	State PA	Zip Code 19373																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-SR CENTERS OPERATIONS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>8</td><td>0</td><td>0</td><td>0</td> </tr> </table>				1	8	0	0	0															
1	8	0	0	0																					

Full Name (Last, First, Middle Initial) C. WALTER J KIELAR			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57191			M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		2	1		2	0	1	3																
Mailing Address 12 BLANTYRE CIR			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td> </tr> </table>			1	5	0	0																
1	5	0	0																						
City THORNTON	State PA	Zip Code 19373																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-SR CENTERS OPERATIONS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>9</td><td>5</td><td>0</td><td>0</td> </tr> </table>				1	9	5	0	0															
1	9	5	0	0																					

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>4</td><td>5</td><td>0</td><td>0</td> </tr> </table>	4	5	0	0
4	5	0	0		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>				

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. SHERRIE L KNASTER
Full Name (Last, First, Middle Initial)

Mailing Address 2414 OVERLOOK DRIVE

City State Zip Code
GILBERTSVILLE PA 19525

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA REHAB SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : SA11AI.57641

Amount of Each Receipt this Period
10.00

B. SHERRIE L KNASTER
Full Name (Last, First, Middle Initial)

Mailing Address 2414 OVERLOOK DRIVE

City State Zip Code
GILBERTSVILLE PA 19525

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA REHAB SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013
Transaction ID : SA11AI.57642

Amount of Each Receipt this Period
10.00

C. SHERRIE L KNASTER
Full Name (Last, First, Middle Initial)

Mailing Address 2414 OVERLOOK DRIVE

City State Zip Code
GILBERTSVILLE PA 19525

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA REHAB SVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013
Transaction ID : SA11AI.57643

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

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

FOR LINE NUMBER: PAGE 104 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ERIN KNOEPFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9128 VALLEY VIEW DRIVE
 City State Zip Code
 CLARKS SUMMIT PA 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.58232
 Amount of Each Receipt this Period
 30.00

B. ERIN KNOEPFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9128 VALLEY VIEW DRIVE
 City State Zip Code
 CLARKS SUMMIT PA 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.58233
 Amount of Each Receipt this Period
 30.00

C. ERIN KNOEPFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9128 VALLEY VIEW DRIVE
 City State Zip Code
 CLARKS SUMMIT PA 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.58234
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 105 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ERIN KNOEPFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9128 VALLEY VIEW DRIVE
 City State Zip Code
 CLARKS SUMMIT PA 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58235
 Amount of Each Receipt this Period
 30.00

B. ERIN KNOEPFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9128 VALLEY VIEW DRIVE
 City State Zip Code
 CLARKS SUMMIT PA 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58236
 Amount of Each Receipt this Period
 30.00

C. ERIN KNOEPFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9128 VALLEY VIEW DRIVE
 City State Zip Code
 CLARKS SUMMIT PA 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58237
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 106 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Mary Anne Kurowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 MEMEL DRIVE
 City THORNTON State PA Zip Code 19373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-SN ALF SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57704
 Amount of Each Receipt this Period
 50.00

B. Mary Anne Kurowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 MEMEL DRIVE
 City THORNTON State PA Zip Code 19373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-SN ALF SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57705
 Amount of Each Receipt this Period
 50.00

C. Mary Anne Kurowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 MEMEL DRIVE
 City THORNTON State PA Zip Code 19373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-SN ALF SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57706
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 107 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City State Zip Code
 THORNTON PA 19373

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-SN ALF SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11Al.57707

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City State Zip Code
 THORNTON PA 19373

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-SN ALF SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11Al.57708

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City State Zip Code
 THORNTON PA 19373

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-SN ALF SYSTEMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11Al.57709

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. WENDY LABATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 MACDONALD DRIVE
 City NASHUA State NH Zip Code 03062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CLINICAL SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57855
 Amount of Each Receipt this Period
 100.00

B. WENDY LABATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 MACDONALD DRIVE
 City NASHUA State NH Zip Code 03062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CLINICAL SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57856
 Amount of Each Receipt this Period
 100.00

C. WENDY LABATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 MACDONALD DRIVE
 City NASHUA State NH Zip Code 03062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CLINICAL SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57857
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WENDY LABATE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	24	/	2013								
Mailing Address 36 MACDONALD DRIVE		Transaction ID : SA11AI.57858										
City NASHUA	State NH	Zip Code 03062										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00										
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CLINICAL SVS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00											

Full Name (Last, First, Middle Initial) B. WENDY LABATE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>07</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	07	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	07	/	2013								
Mailing Address 36 MACDONALD DRIVE		Transaction ID : SA11AI.57859										
City NASHUA	State NH	Zip Code 03062										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00										
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CLINICAL SVS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00											

Full Name (Last, First, Middle Initial) C. WENDY LABATE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>21</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	21	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	21	/	2013								
Mailing Address 36 MACDONALD DRIVE		Transaction ID : SA11AI.57860										
City NASHUA	State NH	Zip Code 03062										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00										
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-CLINICAL SVS											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00											

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAURENCE F LANE		Date of Receipt
Mailing Address 1616 STEPHENS DRIVE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNE	PA	19087
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58014
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP GOVERNMENT RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LAURENCE F LANE		Date of Receipt
Mailing Address 1616 STEPHENS DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNE	PA	19087
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58015
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP GOVERNMENT RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LAURENCE F LANE		Date of Receipt
Mailing Address 1616 STEPHENS DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNE	PA	19087
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58016
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP GOVERNMENT RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 111 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. LAURENCE F LANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1616 STEPHENS DRIVE
 City WAYNE State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58017
 Amount of Each Receipt this Period
 100.00

B. LAURENCE F LANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1616 STEPHENS DRIVE
 City WAYNE State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58018
 Amount of Each Receipt this Period
 100.00

C. LAURENCE F LANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1616 STEPHENS DRIVE
 City WAYNE State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58019
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARK W LATHAM		Date of Receipt
Mailing Address 100 CRAM ROAD		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
SANBORNTON	NH	03269
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57970
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) B. MARK W LATHAM		Date of Receipt
Mailing Address 100 CRAM ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
SANBORNTON	NH	03269
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57971
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. MARK W LATHAM		Date of Receipt
Mailing Address 100 CRAM ROAD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
SANBORNTON	NH	03269
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57972
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MARGARET A LEONARD
Full Name (Last, First, Middle Initial)

Mailing Address 1208 DULANEY WOODS ROAD

City COCKEYSVILLE	State MD	Zip Code 21030
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57998

Amount of Each Receipt this Period

50.00

B. MARGARET A LEONARD
Full Name (Last, First, Middle Initial)

Mailing Address 1208 DULANEY WOODS ROAD

City COCKEYSVILLE	State MD	Zip Code 21030
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57999

Amount of Each Receipt this Period

50.00

C. MARGARET A LEONARD
Full Name (Last, First, Middle Initial)

Mailing Address 1208 DULANEY WOODS ROAD

City COCKEYSVILLE	State MD	Zip Code 21030
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.58000

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARGARET A LEONARD		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : SA11AI.58001
Mailing Address 1208 DULANEY WOODS ROAD		Amount of Each Receipt this Period 50.00
City COCKEYSVILLE	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-INFORMATION SYSTEMS 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. JOHN F LOOME		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 Transaction ID : SA11AI.58201
Mailing Address 3523 RUNNYMEDE PLACE,NW		Amount of Each Receipt this Period 50.00
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. JOHN F LOOME		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 Transaction ID : SA11AI.58202
Mailing Address 3523 RUNNYMEDE PLACE,NW		Amount of Each Receipt this Period 50.00
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SENIOR MEDICAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOHN F LOOME
Full Name (Last, First, Middle Initial)

Mailing Address 3523 RUNNYMEDE PLACE,NW

City WASHINGTON	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SENIOR MEDICAL AFFAIRS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.58203

Amount of Each Receipt this Period
50.00

B. JOHN F LOOME
Full Name (Last, First, Middle Initial)

Mailing Address 3523 RUNNYMEDE PLACE,NW

City WASHINGTON	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SENIOR MEDICAL AFFAIRS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.58204

Amount of Each Receipt this Period
50.00

C. JOHN F LOOME
Full Name (Last, First, Middle Initial)

Mailing Address 3523 RUNNYMEDE PLACE,NW

City WASHINGTON	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SENIOR MEDICAL AFFAIRS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.58205

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 116 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City WASHINGTON	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-SENIOR MEDICAL AFFAIRS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.58206

Amount of Each Receipt this Period
50.00

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

Mailing Address 118 SCOTTS GLEN ROAD

City LINCOLN UNIVERSITY	State PA	Zip Code 19352-1225
----------------------------	-------------	------------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-BUSINESS APPL RPTG SOLUTION
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57403

Amount of Each Receipt this Period
50.00

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

Mailing Address 118 SCOTTS GLEN ROAD

City LINCOLN UNIVERSITY	State PA	Zip Code 19352-1225
----------------------------	-------------	------------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-BUSINESS APPL RPTG SOLUTION
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57404

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 117 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. DONALEE A LOUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 SCOTTS GLEN ROAD
 City State Zip Code
 LINCOLN UNIVERSITY PA 19352-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-BUSINESS APPL RPTG SOLUTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57405
 Amount of Each Receipt this Period
 50.00

B. DONALEE A LOUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 SCOTTS GLEN ROAD
 City State Zip Code
 LINCOLN UNIVERSITY PA 19352-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-BUSINESS APPL RPTG SOLUTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57406
 Amount of Each Receipt this Period
 50.00

C. DONALEE A LOUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 SCOTTS GLEN ROAD
 City State Zip Code
 LINCOLN UNIVERSITY PA 19352-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-BUSINESS APPL RPTG SOLUTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57407
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 118 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code
 LINCOLN UNIVERSITY PA 19352-1225

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-BUSINESS APPL RPTG SOLUTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57408

Amount of Each Receipt this Period
 50.00

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

Mailing Address 49 BARRY AVE

City State Zip Code
 SOMERSET MA 02726

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57546

Amount of Each Receipt this Period
 20.00

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

Mailing Address 49 BARRY AVE

City State Zip Code
 SOMERSET MA 02726

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-HOSPITALITY SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57547

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL MAHONEY		Date of Receipt
Mailing Address 49 BARRY AVE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City SOMERSET	State MA	Zip Code 02726
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.57548
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation DIRECTOR-HOSPITALITY SERVICES		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. MAUREEN G MALEY		Date of Receipt
Mailing Address 271 BROOK FARMS ROAD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City LANCASTER	State PA	Zip Code 17601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.57616
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation ASSOCIATE COUNSEL		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="320.00"/>	

Full Name (Last, First, Middle Initial) C. MAUREEN G MALEY		Date of Receipt
Mailing Address 271 BROOK FARMS ROAD		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City LANCASTER	State PA	Zip Code 17601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.57617
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation ASSOCIATE COUNSEL		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City LANCASTER	State PA	Zip Code 17601
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ASSOCIATE COUNSEL
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57618

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City LANCASTER	State PA	Zip Code 17601
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ASSOCIATE COUNSEL
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57619

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City LANCASTER	State PA	Zip Code 17601
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ASSOCIATE COUNSEL
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57620

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MAUREEN G MALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 271 BROOK FARMS ROAD
 City LANCASTER State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ASSOCIATE COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57621
 Amount of Each Receipt this Period
40.00

B. GREGORY MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 ELWOOD ROAD
 City ELWOOD State NJ Zip Code 08217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58058
 Amount of Each Receipt this Period
20.00

C. GREGORY MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 ELWOOD ROAD
 City ELWOOD State NJ Zip Code 08217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58059
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **80.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GREGORY MARKS		Date of Receipt
Mailing Address 700 ELWOOD ROAD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
ELWOOD	NJ	08217
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58060
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VIEW DRIVE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
OAKLAND	MD	21550
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57326
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VICE PRESIDENT-CENTERS GROUP	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) C. JOSEPH MASON		Date of Receipt
Mailing Address 667 MOUNTAIN VIEW DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
OAKLAND	MD	21550
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57327
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VICE PRESIDENT-CENTERS GROUP	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="320.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 123 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 667 MOUNTAIN VIEW DRIVE
 City OAKLAND State MD Zip Code 21550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57328
 Amount of Each Receipt this Period
 150.00

B. JOSEPH MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 667 MOUNTAIN VIEW DRIVE
 City OAKLAND State MD Zip Code 21550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57329
 Amount of Each Receipt this Period
 150.00

C. JOSEPH MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 667 MOUNTAIN VIEW DRIVE
 City OAKLAND State MD Zip Code 21550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57330
 Amount of Each Receipt this Period
 150.00

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

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

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

FOR LINE NUMBER: PAGE 124 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 667 MOUNTAIN VIEW DRIVE
 City OAKLAND State MD Zip Code 21550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-CENTERS GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57331
 Amount of Each Receipt this Period
 150.00

B. LOIS MCCASKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 S. CONCORD ROAD
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR LABOR MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57204
 Amount of Each Receipt this Period
 50.00

C. LOIS MCCASKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 S. CONCORD ROAD
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR LABOR MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57205
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 125 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. LOIS MCCASKEY
Full Name (Last, First, Middle Initial)
Mailing Address 602 S. CONCORD ROAD

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57206

Amount of Each Receipt this Period
50.00

B. LOIS MCCASKEY
Full Name (Last, First, Middle Initial)
Mailing Address 602 S. CONCORD ROAD

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57207

Amount of Each Receipt this Period
50.00

C. LOIS MCCASKEY
Full Name (Last, First, Middle Initial)
Mailing Address 602 S. CONCORD ROAD

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57208

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 126 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. LOIS MCCASKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 S. CONCORD ROAD
 City WEST CHESTER State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR LABOR MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57209
 Amount of Each Receipt this Period
 50.00

B. LAURA T MCGINTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 327 SOUTH VILLAGE LANE
 City CHADDS FORD State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-PROFESSIONAL SV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57409
 Amount of Each Receipt this Period
 35.00

C. LAURA T MCGINTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 327 SOUTH VILLAGE LANE
 City CHADDS FORD State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VICE PRESIDENT-PROFESSIONAL SV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57410
 Amount of Each Receipt this Period
 35.00

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

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

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

FOR LINE NUMBER: PAGE 127 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAURA T MCGINTY			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>1</td><td>0</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	1	3														
Mailing Address 327 SOUTH VILLAGE LANE			Transaction ID : SA11AI.57411																				
City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period <table border="1"> <tr> <td>3</td><td>5</td><td>0</td><td>0</td> </tr> </table>	3	5	0	0																
3	5	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-PROFESSIONAL SV																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3</td><td>5</td><td>0</td><td>0</td> </tr> </table>	3	5	0	0																		
3	5	0	0																				

Full Name (Last, First, Middle Initial) B. LAURA T MCGINTY			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>2</td><td>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	1	3														
Mailing Address 327 SOUTH VILLAGE LANE			Transaction ID : SA11AI.57412																				
City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period <table border="1"> <tr> <td>3</td><td>5</td><td>0</td><td>0</td> </tr> </table>	3	5	0	0																
3	5	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-PROFESSIONAL SV																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3</td><td>8</td><td>5</td><td>0</td> </tr> </table>	3	8	5	0																		
3	8	5	0																				

Full Name (Last, First, Middle Initial) C. LAURA T MCGINTY			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>0</td><td>7</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	7		2	0	1	3														
Mailing Address 327 SOUTH VILLAGE LANE			Transaction ID : SA11AI.57413																				
City CHADDS FORD	State PA	Zip Code 19317	Amount of Each Receipt this Period <table border="1"> <tr> <td>3</td><td>5</td><td>0</td><td>0</td> </tr> </table>	3	5	0	0																
3	5	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-PROFESSIONAL SV																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>4</td><td>2</td><td>0</td><td>0</td> </tr> </table>	4	2	0	0																		
4	2	0	0																				

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>1</td><td>0</td><td>5</td><td>0</td> </tr> </table>	1	0	5	0
1	0	5	0		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>				

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAURA T MCGINTY		Date of Receipt
Mailing Address 327 SOUTH VILLAGE LANE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHADDS FORD	PA	19317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57414
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VICE PRESIDENT-PROFESSIONAL SV	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="455.00"/>	

Full Name (Last, First, Middle Initial) B. PAUL J MCGUIRE		Date of Receipt
Mailing Address 280 APPLETON COURT		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57314
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP OPERATIONS	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. PAUL J MCGUIRE		Date of Receipt
Mailing Address 280 APPLETON COURT		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57315
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP OPERATIONS	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="315.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL J MCGUIRE		Date of Receipt
Mailing Address 280 APPLETON COURT		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2013
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.57316
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP OPERATIONS	350.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	350.00	

Full Name (Last, First, Middle Initial) B. PAUL J MCGUIRE		Date of Receipt
Mailing Address 280 APPLETON COURT		M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.57317
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP OPERATIONS	35.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	385.00	

Full Name (Last, First, Middle Initial) C. PAUL J MCGUIRE		Date of Receipt
Mailing Address 280 APPLETON COURT		M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.57318
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP OPERATIONS	35.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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: (check only one)	PAGE 130 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PAUL J MCGUIRE
Full Name (Last, First, Middle Initial)

Mailing Address 280 APPLETON COURT

City KENNETT SQUARE State PA Zip Code 19348

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57319

Amount of Each Receipt this Period
 35.00

B. WILLIAM T MERRILL
Full Name (Last, First, Middle Initial)

Mailing Address 225 TUDOR DRIVE

City NORTH WALES State PA Zip Code 19454

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57268

Amount of Each Receipt this Period
 20.00

C. WILLIAM T MERRILL
Full Name (Last, First, Middle Initial)

Mailing Address 225 TUDOR DRIVE

City NORTH WALES State PA Zip Code 19454

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57269

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM T MERRILL		Date of Receipt
Mailing Address 225 TUDOR DRIVE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTH WALES	PA	19454
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-HUMAN RESOURCES REGNL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) B. GEORGE EDWARD MILLER		Date of Receipt
Mailing Address 1913 EVA DRIVE		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
LANSDALE	PA	19446
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="215.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>

Full Name (Last, First, Middle Initial) C. TODD BARTON MILLER-JONES		Date of Receipt
Mailing Address 1436 A ST SE		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="207.60"/>	
		Amount of Each Receipt this Period
		<input type="text" value="17.30"/>

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="52.30"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. TODD BARTON MILLER-JONES		Date of Receipt
Mailing Address 1436 A ST SE		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58515
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="17.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="224.90"/>	

Full Name (Last, First, Middle Initial) B. JOSEPH MONTGOMERY		Date of Receipt
Mailing Address 2701 BALD EAGLE CIRCLE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUDUBON	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58257
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-INFORMATION SYSTEMS 2	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. JOSEPH MONTGOMERY		Date of Receipt
Mailing Address 2701 BALD EAGLE CIRCLE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUDUBON	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58258
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-INFORMATION SYSTEMS 2	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 133 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH MONTGOMERY			Date of Receipt <input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/> Transaction ID : SA11AI.58259
Mailing Address 2701 BALD EAGLE CIRCLE			Amount of Each Receipt this Period <input type="text" value="50.00"/>
City AUDUBON	State PA	Zip Code 19403	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-INFORMATION SYSTEMS 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JOSEPH MONTGOMERY			Date of Receipt <input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/> Transaction ID : SA11AI.58260
Mailing Address 2701 BALD EAGLE CIRCLE			Amount of Each Receipt this Period <input type="text" value="50.00"/>
City AUDUBON	State PA	Zip Code 19403	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-INFORMATION SYSTEMS 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JOSEPH MONTGOMERY			Date of Receipt <input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/> Transaction ID : SA11AI.58261
Mailing Address 2701 BALD EAGLE CIRCLE			Amount of Each Receipt this Period <input type="text" value="50.00"/>
City AUDUBON	State PA	Zip Code 19403	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation DIRECTOR-INFORMATION SYSTEMS 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 134 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 BALD EAGLE CIRCLE
 City State Zip Code
 AUDUBON PA 19403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-INFORMATION SYSTEMS 2
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58262
 Amount of Each Receipt this Period
 50.00

B. LAUREN F MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 MAIN STREET
 City State Zip Code
 AMESBURY MA 01913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57949
 Amount of Each Receipt this Period
 50.00

C. LAUREN F MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 MAIN STREET
 City State Zip Code
 AMESBURY MA 01913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57950
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 135 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LAUREN F MURRAY			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57951			M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		1	0		2	0	1	3																
Mailing Address 440 MAIN STREET			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City AMESBURY	State MA	Zip Code 01913																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP OPERATIONS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>500.00</td> </tr> </table>				500.00																			
500.00																									

Full Name (Last, First, Middle Initial) B. LAUREN F MURRAY			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57952			M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		2	4		2	0	1	3																
Mailing Address 440 MAIN STREET			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City AMESBURY	State MA	Zip Code 01913																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP OPERATIONS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>550.00</td> </tr> </table>				550.00																			
550.00																									

Full Name (Last, First, Middle Initial) C. LAUREN F MURRAY			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57953			M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		0	7		2	0	1	3																
Mailing Address 440 MAIN STREET			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City AMESBURY	State MA	Zip Code 01913																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP OPERATIONS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>600.00</td> </tr> </table>				600.00																			
600.00																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>150.00</td> </tr> </table>	150.00
150.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 136 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

City State Zip Code
 AMESBURY MA 01913

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57954

Amount of Each Receipt this Period
 50.00

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

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code
 PHOENIX MD 21131

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57831

Amount of Each Receipt this Period
 50.00

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

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code
 PHOENIX MD 21131

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57832

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 137 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. KEITH NAUSE
 Mailing Address 5 COOPERSTOWN COURT
 City State Zip Code
 PHOENIX MD 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57833
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. KEITH NAUSE
 Mailing Address 5 COOPERSTOWN COURT
 City State Zip Code
 PHOENIX MD 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57834
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. KEITH NAUSE
 Mailing Address 5 COOPERSTOWN COURT
 City State Zip Code
 PHOENIX MD 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP & REGIONAL CONTROLLER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57835
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEITH NAUSE		Date of Receipt
Mailing Address 5 COOPERSTOWN COURT		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
PHOENIX	MD	21131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57836
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP & REGIONAL CONTROLLER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) B. THOMAS P O'DONNELL		Date of Receipt
Mailing Address 78 ST.DAVIDS ROAD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
SPRINGFIELD	PA	19064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58154
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-FINANCIAL ANALYSIS I	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="320.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS P O'DONNELL		Date of Receipt
Mailing Address 78 ST.DAVIDS ROAD		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
SPRINGFIELD	PA	19064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58155
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	DIRECTOR-FINANCIAL ANALYSIS I	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. THOMAS P O'DONNELL		Date of Receipt
Mailing Address 78 ST.DAVIDS ROAD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City SPRINGFIELD	State PA	Zip Code 19064
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : SA11AI.58156	
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation DIRECTOR-FINANCIAL ANALYSIS I		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. THOMAS P O'DONNELL		Date of Receipt
Mailing Address 78 ST.DAVIDS ROAD		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City SPRINGFIELD	State PA	Zip Code 19064
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : SA11AI.58157	
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation DIRECTOR-FINANCIAL ANALYSIS I		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS P O'DONNELL		Date of Receipt
Mailing Address 78 ST.DAVIDS ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City SPRINGFIELD	State PA	Zip Code 19064
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : SA11AI.58158	
Name of Employer GENESIS HEALTHCARE CORPORATION		Amount of Each Receipt this Period
Occupation DIRECTOR-FINANCIAL ANALYSIS I		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="480.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 140 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. THOMAS P O'DONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 ST.DAVIDS ROAD
 City State Zip Code
 SPRINGFIELD PA 19064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-FINANCIAL ANALYSIS I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58159
 Amount of Each Receipt this Period
 40.00

B. ARTHUR L O'LEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 BROAD STREET
 City State Zip Code
 HOLLIS NH 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57819
 Amount of Each Receipt this Period
 40.00

C. ARTHUR L O'LEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 BROAD STREET
 City State Zip Code
 HOLLIS NH 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57820
 Amount of Each Receipt this Period
 40.00

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

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

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

FOR LINE NUMBER: PAGE 141 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ARTHUR L O'LEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 BROAD STREET
 City HOLLIS State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57821
 Amount of Each Receipt this Period
 40.00

B. ARTHUR L O'LEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 BROAD STREET
 City HOLLIS State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57822
 Amount of Each Receipt this Period
 40.00

C. ARTHUR L O'LEARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 BROAD STREET
 City HOLLIS State NH Zip Code 03049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57823
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 142 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City Hollis State NH Zip Code 03049

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
06 / 21 / 2013
Transaction ID : SA11AI.57824

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. MARY M PERKINS

Mailing Address 16835 PEMBROKE ROAD

City Lewes State DE Zip Code 19958

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
04 / 26 / 2013
Transaction ID : SA11AI.57886

Amount of Each Receipt this Period
25.00

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

Mailing Address 1816 LENAPE -UNIONVILLE RD

City West Chester State PA Zip Code 19382

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VICE PRESIDENT-RISK MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
04 / 12 / 2013
Transaction ID : SA11AI.58290

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEANNE PHILLIPS		Date of Receipt
Mailing Address 1816 LENAPE -UNIONVILLE RD		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City State Zip Code WEST CHESTER PA 19382		Transaction ID : SA11AI.58291
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="175.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1575.00"/>	

Full Name (Last, First, Middle Initial) B. JEANNE PHILLIPS		Date of Receipt
Mailing Address 1816 LENAPE -UNIONVILLE RD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City State Zip Code WEST CHESTER PA 19382		Transaction ID : SA11AI.58292
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="175.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1750.00"/>	

Full Name (Last, First, Middle Initial) C. JEANNE PHILLIPS		Date of Receipt
Mailing Address 1816 LENAPE -UNIONVILLE RD		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code WEST CHESTER PA 19382		Transaction ID : SA11AI.58293
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="175.00"/>
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1925.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1816 LENAPE -UNIONVILLE RD

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.58294

Amount of Each Receipt this Period
175.00

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

Mailing Address 1816 LENAPE -UNIONVILLE RD

City WEST CHESTER	State PA	Zip Code 19382
----------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VICE PRESIDENT-RISK MANAGEMENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.58295

Amount of Each Receipt this Period
175.00

C. Kerry Dee Pitcher
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 684

City Tustin	State CA	Zip Code 92781
----------------	-------------	-------------------

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

Name of Employer Genesis HealthCare	Occupation Director
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.57143

Amount of Each Receipt this Period
1040.00

SUBTOTAL of Receipts This Page (optional).....▶	1390.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN C RALEY		Date of Receipt
Mailing Address 3810 DONERIN WAY		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11AI.57992
PHOENIX	MD	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="50.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP-AREA HUMAN RESOURCES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN C RALEY		Date of Receipt
Mailing Address 3810 DONERIN WAY		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11AI.57993
PHOENIX	MD	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="50.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP-AREA HUMAN RESOURCES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN C RALEY		Date of Receipt
Mailing Address 3810 DONERIN WAY		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11AI.57994
PHOENIX	MD	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="50.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP-AREA HUMAN RESOURCES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 146 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOHN C RALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 DONERIN WAY
 City PHOENIX State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57995
 Amount of Each Receipt this Period
 50.00

B. JOHN C RALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 DONERIN WAY
 City PHOENIX State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57996
 Amount of Each Receipt this Period
 50.00

C. JOHN C RALEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 DONERIN WAY
 City PHOENIX State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57997
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 147 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RICHARD JAY RASKIN			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>12</td> <td></td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.58446			M M	/	D D	/	Y Y Y Y	04		12		2013
M M	/	D D	/	Y Y Y Y											
04		12		2013											
Mailing Address 156 REVERKNOLLS			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">50.00</td> </tr> </table>			50.00									
50.00															
City AVON	State CT	Zip Code 06001													
FEC ID number of contributing federal political committee. C															
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-REGIONAL MEDICAL DIRECTOR													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">400.00</td> </tr> </table>				400.00									
400.00															

Full Name (Last, First, Middle Initial) B. RICHARD JAY RASKIN			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>26</td> <td></td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.58447			M M	/	D D	/	Y Y Y Y	04		26		2013
M M	/	D D	/	Y Y Y Y											
04		26		2013											
Mailing Address 156 REVERKNOLLS			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">50.00</td> </tr> </table>			50.00									
50.00															
City AVON	State CT	Zip Code 06001													
FEC ID number of contributing federal political committee. C															
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-REGIONAL MEDICAL DIRECTOR													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">450.00</td> </tr> </table>				450.00									
450.00															

Full Name (Last, First, Middle Initial) C. RICHARD JAY RASKIN			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>10</td> <td></td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.58448			M M	/	D D	/	Y Y Y Y	05		10		2013
M M	/	D D	/	Y Y Y Y											
05		10		2013											
Mailing Address 156 REVERKNOLLS			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">50.00</td> </tr> </table>			50.00									
50.00															
City AVON	State CT	Zip Code 06001													
FEC ID number of contributing federal political committee. C															
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP-REGIONAL MEDICAL DIRECTOR													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5" style="text-align: right;">500.00</td> </tr> </table>				500.00									
500.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"><tr><td colspan="5" style="text-align: right;">150.00</td></tr></table>	150.00				
150.00						
TOTAL This Period (last page this line number only).....▶	<table border="1"><tr><td colspan="5" style="text-align: right;"> </td></tr></table>					

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

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

FOR LINE NUMBER: PAGE 148 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. RICHARD JAY RASKIN
Full Name (Last, First, Middle Initial)
Mailing Address 156 REVERKNOLLS

City AVON	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : SA11AI.58449

Amount of Each Receipt this Period
50.00

B. RICHARD JAY RASKIN
Full Name (Last, First, Middle Initial)
Mailing Address 156 REVERKNOLLS

City AVON	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.58450

Amount of Each Receipt this Period
50.00

C. RICHARD JAY RASKIN
Full Name (Last, First, Middle Initial)
Mailing Address 156 REVERKNOLLS

City AVON	State CT	Zip Code 06001
--------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP-REGIONAL MEDICAL DIRECTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.58451

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT A REITZ		Date of Receipt
Mailing Address 13005 JEROME JAY DRIVE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
COCKEYSVILLE	MD	21030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57155
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VP AND COO	<input type="text" value="165.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1320.00"/>	

Full Name (Last, First, Middle Initial) B. ROBERT A REITZ		Date of Receipt
Mailing Address 13005 JEROME JAY DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
COCKEYSVILLE	MD	21030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57156
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VP AND COO	<input type="text" value="165.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1485.00"/>	

Full Name (Last, First, Middle Initial) C. ROBERT A REITZ		Date of Receipt
Mailing Address 13005 JEROME JAY DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
COCKEYSVILLE	MD	21030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57157
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VP AND COO	<input type="text" value="165.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1650.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="495.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 150 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ROBERT A REITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 13005 JEROME JAY DRIVE
 City COCKEYSVILLE State MD Zip Code 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VP AND COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57158
 Amount of Each Receipt this Period
 165.00

B. ROBERT A REITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 13005 JEROME JAY DRIVE
 City COCKEYSVILLE State MD Zip Code 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VP AND COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1980.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57159
 Amount of Each Receipt this Period
 165.00

C. ROBERT A REITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 13005 JEROME JAY DRIVE
 City COCKEYSVILLE State MD Zip Code 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VP AND COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2172.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57160
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 522.31
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL RICKERSHAUSER		Date of Receipt
Mailing Address 5 SUNSET COURT		M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013
City	State	Zip Code
MEDFORD	NJ	08055
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		20.00
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-HUMAN RESOURCES REGNL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	220.00	

Full Name (Last, First, Middle Initial) B. PAUL RICKERSHAUSER		Date of Receipt
Mailing Address 5 SUNSET COURT		M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013
City	State	Zip Code
MEDFORD	NJ	08055
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		20.00
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-HUMAN RESOURCES REGNL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) C. PAUL RICKERSHAUSER		Date of Receipt
Mailing Address 5 SUNSET COURT		M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2013
City	State	Zip Code
MEDFORD	NJ	08055
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.58445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		20.00
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-HUMAN RESOURCES REGNL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	260.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROAD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City YORK State PA Zip Code 17403		Transaction ID : SA11AI.58404
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA SALES & MARKETING		<input type="text" value="63.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.68"/>	

Full Name (Last, First, Middle Initial) B. CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROAD		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City YORK State PA Zip Code 17403		Transaction ID : SA11AI.58405
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA SALES & MARKETING		<input type="text" value="63.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="571.14"/>	

Full Name (Last, First, Middle Initial) C. CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROAD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City YORK State PA Zip Code 17403		Transaction ID : SA11AI.58406
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA SALES & MARKETING		<input type="text" value="63.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="634.60"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROAD		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
YORK	PA	17403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58407
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA SALES & MARKETING	<input type="text" value="63.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="698.06"/>	

Full Name (Last, First, Middle Initial) B. CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROAD		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
YORK	PA	17403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58408
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA SALES & MARKETING	<input type="text" value="63.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="761.52"/>	

Full Name (Last, First, Middle Initial) C. CAROL ROHRBAUGH		Date of Receipt
Mailing Address 1749 PRESCOTT ROAD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
YORK	PA	17403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58409
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA SALES & MARKETING	<input type="text" value="63.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="824.98"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 154 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KRISTEN SANTANGELO
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 KNITTLE ROAD
 City KUTZTOWN State PA Zip Code 19530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.58067
 Amount of Each Receipt this Period
 35.00

B. KRISTEN SANTANGELO
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 KNITTLE ROAD
 City KUTZTOWN State PA Zip Code 19530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.58068
 Amount of Each Receipt this Period
 35.00

C. KRISTEN SANTANGELO
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 KNITTLE ROAD
 City KUTZTOWN State PA Zip Code 19530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.58069
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 155 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KRISTEN SANTANGELO
Full Name (Last, First, Middle Initial)
Mailing Address 108 KNITTLE ROAD

City KUTZTOWN	State PA	Zip Code 19530
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Date of Receipt: 05 / 24 / 2013
Transaction ID : SA11AI.58070

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 35.00

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 385.00

B. KRISTEN SANTANGELO
Full Name (Last, First, Middle Initial)
Mailing Address 108 KNITTLE ROAD

City KUTZTOWN	State PA	Zip Code 19530
------------------	-------------	-------------------

Date of Receipt: 06 / 07 / 2013
Transaction ID : SA11AI.58071

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 35.00

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 420.00

C. KRISTEN SANTANGELO
Full Name (Last, First, Middle Initial)
Mailing Address 108 KNITTLE ROAD

City KUTZTOWN	State PA	Zip Code 19530
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Date of Receipt: 06 / 21 / 2013
Transaction ID : SA11AI.58072

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 35.00

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 455.00

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 156 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOHN V SAVO
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 UPPER WEADLEY ROAD
 City STRAFFORD State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CONTROLLER SHARED ACCT SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.58135
 Amount of Each Receipt this Period
 37.00

B. JOHN V SAVO
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 UPPER WEADLEY ROAD
 City STRAFFORD State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CONTROLLER SHARED ACCT SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.58136
 Amount of Each Receipt this Period
 37.00

C. JOHN V SAVO
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 UPPER WEADLEY ROAD
 City STRAFFORD State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-CONTROLLER SHARED ACCT SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.58137
 Amount of Each Receipt this Period
 37.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 535 UPPER WEADLEY ROAD

City State Zip Code
STRAFFORD PA 19087

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-CONTROLLER SHARED ACCT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
407.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2013
Transaction ID : SA11AI.58138

Amount of Each Receipt this Period
37.00

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

Mailing Address 535 UPPER WEADLEY ROAD

City State Zip Code
STRAFFORD PA 19087

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-CONTROLLER SHARED ACCT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
444.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2013
Transaction ID : SA11AI.58139

Amount of Each Receipt this Period
37.00

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

Mailing Address 535 UPPER WEADLEY ROAD

City State Zip Code
STRAFFORD PA 19087

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

Name of Employer Occupation
GENESIS HEALTHCARE CORPORATION VP-CONTROLLER SHARED ACCT SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2013
Transaction ID : SA11AI.58140

Amount of Each Receipt this Period
37.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 111.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ERIC SCHULTHEIS		Date of Receipt
Mailing Address 5 GAEBEL LANE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
LANDENBERG	PA	19350
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57893
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	DIRECTOR-TAX	<input type="text" value="42.88"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="343.04"/>	

Full Name (Last, First, Middle Initial) B. ERIC SCHULTHEIS		Date of Receipt
Mailing Address 5 GAEBEL LANE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
LANDENBERG	PA	19350
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57894
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	DIRECTOR-TAX	<input type="text" value="42.88"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="385.92"/>	

Full Name (Last, First, Middle Initial) C. ERIC SCHULTHEIS		Date of Receipt
Mailing Address 5 GAEBEL LANE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
LANDENBERG	PA	19350
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57895
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTH VENTURES, INC.	DIRECTOR-TAX	<input type="text" value="42.88"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="428.80"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="128.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 159 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. ERIC SCHULTHEIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 GAEBEL LANE
 City LANDENBERG State PA Zip Code 19350
 Date of Receipt 05 / 24 / 2013
 Transaction ID : SA11AI.57896
 Amount of Each Receipt this Period 42.88
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 471.68

B. ERIC SCHULTHEIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 GAEBEL LANE
 City LANDENBERG State PA Zip Code 19350
 Date of Receipt 06 / 07 / 2013
 Transaction ID : SA11AI.57897
 Amount of Each Receipt this Period 42.88
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 514.56

C. ERIC SCHULTHEIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 GAEBEL LANE
 City LANDENBERG State PA Zip Code 19350
 Date of Receipt 06 / 21 / 2013
 Transaction ID : SA11AI.57898
 Amount of Each Receipt this Period 42.88
 FEC ID number of contributing federal political committee. C
 Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-TAX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.44

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.64
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 160 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. MICHAEL S. SHERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 BRYANT COURT
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SR VP-GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 12 / 2013
Transaction ID : SA11AI.58350
 Amount of Each Receipt this Period 192.30

B. MICHAEL S. SHERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 BRYANT COURT
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SR VP-GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 26 / 2013
Transaction ID : SA11AI.58351
 Amount of Each Receipt this Period 192.30

C. MICHAEL S. SHERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1379 BRYANT COURT
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SR VP-GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.58352
 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.90
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MICHAEL S. SHERMAN			Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : SA11AI.58353
Mailing Address 1379 BRYANT COURT			Amount of Each Receipt this Period 192.30
City AMBLER	State PA	Zip Code 19002	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2115.30
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MICHAEL S. SHERMAN			Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : SA11AI.58354
Mailing Address 1379 BRYANT COURT			Amount of Each Receipt this Period 192.30
City AMBLER	State PA	Zip Code 19002	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2307.60
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MICHAEL S. SHERMAN			Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : SA11AI.58355
Mailing Address 1379 BRYANT COURT			Amount of Each Receipt this Period 192.30
City AMBLER	State PA	Zip Code 19002	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2499.90
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation SR VP-GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 162 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JENNIFER C SIDELINKER			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57653			M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		2	4		2	0	1	3																
Mailing Address 547 MAPLE AVE.			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City DOYLESTOWN	State PA	Zip Code 18901																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation MANAGER-CLINICAL GRS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>220.00</td> </tr> </table>				220.00																			
220.00																									

Full Name (Last, First, Middle Initial) B. JENNIFER C SIDELINKER			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57654			M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		0	7		2	0	1	3																
Mailing Address 547 MAPLE AVE.			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City DOYLESTOWN	State PA	Zip Code 18901																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation MANAGER-CLINICAL GRS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>240.00</td> </tr> </table>				240.00																			
240.00																									

Full Name (Last, First, Middle Initial) C. JENNIFER C SIDELINKER			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57655			M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		2	1		2	0	1	3																
Mailing Address 547 MAPLE AVE.			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City DOYLESTOWN	State PA	Zip Code 18901																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation MANAGER-CLINICAL GRS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>260.00</td> </tr> </table>				260.00																			
260.00																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>60.00</td> </tr> </table>	60.00
60.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 163 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KEN SILVERWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 GENERALS WAY
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-INTERNAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.58302
 Amount of Each Receipt this Period
 50.00

B. KEN SILVERWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 GENERALS WAY
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-INTERNAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.58303
 Amount of Each Receipt this Period
 50.00

C. KEN SILVERWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 GENERALS WAY
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-INTERNAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.58304
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 164 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. KEN SILVERWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 GENERALS WAY
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-INTERNAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58305
 Amount of Each Receipt this Period
 50.00

B. KEN SILVERWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 GENERALS WAY
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-INTERNAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58306
 Amount of Each Receipt this Period
 50.00

C. KEN SILVERWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 GENERALS WAY
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-INTERNAL OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58307
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Lou Ann Soika		Date of Receipt
Mailing Address 65 DEER PATH ROAD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58079
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	SVP-CUSTOMER RLTN STRATEGICDEV	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. Lou Ann Soika		Date of Receipt
Mailing Address 65 DEER PATH ROAD		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58080
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	SVP-CUSTOMER RLTN STRATEGICDEV	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1350.00"/>	

Full Name (Last, First, Middle Initial) C. Lou Ann Soika		Date of Receipt
Mailing Address 65 DEER PATH ROAD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58081
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	SVP-CUSTOMER RLTN STRATEGICDEV	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Lou Ann Soika		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : SA11AI.58082
Mailing Address 65 DEER PATH ROAD		Amount of Each Receipt this Period 150.00
City KENNETT SQUARE	State PA	Zip Code 19348
FEC ID number of contributing federal political committee. C	Name of Employer GENESIS HEALTHCARE CORPORATION	
Occupation SVP-CUSTOMER RLTN STRATEGICDEV		Aggregate Year-to-Date ▼ 1650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lou Ann Soika		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : SA11AI.58083
Mailing Address 65 DEER PATH ROAD		Amount of Each Receipt this Period 150.00
City KENNETT SQUARE	State PA	Zip Code 19348
FEC ID number of contributing federal political committee. C	Name of Employer GENESIS HEALTHCARE CORPORATION	
Occupation SVP-CUSTOMER RLTN STRATEGICDEV		Aggregate Year-to-Date ▼ 1800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lou Ann Soika		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : SA11AI.58084
Mailing Address 65 DEER PATH ROAD		Amount of Each Receipt this Period 150.00
City KENNETT SQUARE	State PA	Zip Code 19348
FEC ID number of contributing federal political committee. C	Name of Employer GENESIS HEALTHCARE CORPORATION	
Occupation SVP-CUSTOMER RLTN STRATEGICDEV		Aggregate Year-to-Date ▼ 1950.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GODFREY A STREAT		Date of Receipt
Mailing Address 157 FOREST DRIVE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58382
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA HUMAN RESOURCES	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. GODFREY A STREAT		Date of Receipt
Mailing Address 157 FOREST DRIVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58383
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA HUMAN RESOURCES	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. GODFREY A STREAT		Date of Receipt
Mailing Address 157 FOREST DRIVE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
KENNETT SQUARE	PA	19348
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58384
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP-AREA HUMAN RESOURCES	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 168 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. GODFREY A STREAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 FOREST DRIVE
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.58385
 Amount of Each Receipt this Period
 50.00

B. GODFREY A STREAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 FOREST DRIVE
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58386
 Amount of Each Receipt this Period
 50.00

C. GODFREY A STREAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 FOREST DRIVE
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-AREA HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58387
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM E STURGIS		Date of Receipt
Mailing Address 204 HARVARD AVENUE BOX 656		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
MOUNT GRETN A	PA	17064
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57433
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="37.35"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-FINANCIAL ANALYSIS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="298.80"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM E STURGIS		Date of Receipt
Mailing Address 204 HARVARD AVENUE BOX 656		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
MOUNT GRETN A	PA	17064
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57434
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="37.35"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-FINANCIAL ANALYSIS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.15"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WILLIAM E STURGIS		Date of Receipt
Mailing Address 204 HARVARD AVENUE BOX 656		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
MOUNT GRETN A	PA	17064
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57435
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="37.35"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	DIRECTOR-FINANCIAL ANALYSIS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="373.50"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="112.05"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 170 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. WILLIAM E STURGIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 HARVARD AVENUE
 BOX 656
 City MOUNT GRETN A State PA Zip Code 17064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57436
 Amount of Each Receipt this Period
 37.35

B. WILLIAM E STURGIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 HARVARD AVENUE
 BOX 656
 City MOUNT GRETN A State PA Zip Code 17064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57437
 Amount of Each Receipt this Period
 37.35

C. WILLIAM E STURGIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 HARVARD AVENUE
 BOX 656
 City MOUNT GRETN A State PA Zip Code 17064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57438
 Amount of Each Receipt this Period
 37.35

SUBTOTAL of Receipts This Page (optional).....▶ 112.05
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 171 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP ADMIN AND GOVT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57495

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
B. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP ADMIN AND GOVT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57496

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
C. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP ADMIN AND GOVT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57497

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 172 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP ADMIN AND GOVT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57498

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
B. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP ADMIN AND GOVT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57499

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
C. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP ADMIN AND GOVT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57500

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Raymond Thivierge		Date of Receipt
Mailing Address 9 HERITAGE HILL ROAD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDHAM	NH	03087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57937
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VICE PRESIDENT	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Raymond Thivierge		Date of Receipt
Mailing Address 9 HERITAGE HILL ROAD		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDHAM	NH	03087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57938
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VICE PRESIDENT	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) C. Raymond Thivierge		Date of Receipt
Mailing Address 9 HERITAGE HILL ROAD		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
WINDHAM	NH	03087
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57939
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	EXECUTIVE VICE PRESIDENT	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 174 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Raymond Thivierge

Mailing Address **9 HERITAGE HILL ROAD**

City **WINDHAM** State **NH** Zip Code **03087**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
05 / 24 / 2013
Transaction ID : SA11AI.57940

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Raymond Thivierge

Mailing Address **9 HERITAGE HILL ROAD**

City **WINDHAM** State **NH** Zip Code **03087**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
06 / 07 / 2013
Transaction ID : SA11AI.57941

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Raymond Thivierge

Mailing Address **9 HERITAGE HILL ROAD**

City **WINDHAM** State **NH** Zip Code **03087**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt
06 / 21 / 2013
Transaction ID : SA11AI.57942

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. NICOLE THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 27 PEARSON CIRCLE

City Springfield State PA Zip Code 19064

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SPECIALIST-REG SAFETY PREVENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.58254

Amount of Each Receipt this Period 20.00

B. NICOLE THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 27 PEARSON CIRCLE

City Springfield State PA Zip Code 19064

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SPECIALIST-REG SAFETY PREVENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 07 / 2013
Transaction ID : SA11AI.58255

Amount of Each Receipt this Period 20.00

C. NICOLE THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 27 PEARSON CIRCLE

City Springfield State PA Zip Code 19064

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SPECIALIST-REG SAFETY PREVENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.58256

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

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

FOR LINE NUMBER: PAGE 176 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILLIAM JOSEPH TIAN			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>12</td> <td>/</td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.58434	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	12	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
04	/	12	/	2013									
Mailing Address 6807 REAL PRINCESS LANE			Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
City BALTIMORE	State MD	Zip Code 21207											
FEC ID number of contributing federal political committee. C													
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR AREA FOOD AND NUTR												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>320.00</td> </tr> </table>		320.00										
320.00													

Full Name (Last, First, Middle Initial) B. WILLIAM JOSEPH TIAN			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>26</td> <td>/</td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.58435	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	26	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
04	/	26	/	2013									
Mailing Address 6807 REAL PRINCESS LANE			Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
City BALTIMORE	State MD	Zip Code 21207											
FEC ID number of contributing federal political committee. C													
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR AREA FOOD AND NUTR												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>360.00</td> </tr> </table>		360.00										
360.00													

Full Name (Last, First, Middle Initial) C. WILLIAM JOSEPH TIAN			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>10</td> <td>/</td> <td>2013</td> </tr> </table> Transaction ID : SA11AI.58436	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	10	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05	/	10	/	2013									
Mailing Address 6807 REAL PRINCESS LANE			Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
City BALTIMORE	State MD	Zip Code 21207											
FEC ID number of contributing federal political committee. C													
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-SR AREA FOOD AND NUTR												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>400.00</td> </tr> </table>		400.00										
400.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"><tr><td>120.00</td></tr></table>	120.00
120.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 177 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. WILLIAM JOSEPH TIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6807 REAL PRINCESS LANE
 City Baltimore State MD Zip Code 21207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR AREA FOOD AND NUTR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : SA11AI.58437
 Amount of Each Receipt this Period **40.00**

B. WILLIAM JOSEPH TIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6807 REAL PRINCESS LANE
 City Baltimore State MD Zip Code 21207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR AREA FOOD AND NUTR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 07 / 2013**
Transaction ID : SA11AI.58438
 Amount of Each Receipt this Period **40.00**

C. WILLIAM JOSEPH TIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6807 REAL PRINCESS LANE
 City Baltimore State MD Zip Code 21207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR AREA FOOD AND NUTR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : SA11AI.58439
 Amount of Each Receipt this Period **40.00**

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

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

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

FOR LINE NUMBER: PAGE 178 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. William Timm
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 MAHLON DRIVE
 City LeESPORT State PA Zip Code 19533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57879
 Amount of Each Receipt this Period
 35.00

B. William Timm
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 MAHLON DRIVE
 City LeESPORT State PA Zip Code 19533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57880
 Amount of Each Receipt this Period
 35.00

C. William Timm
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 MAHLON DRIVE
 City LeESPORT State PA Zip Code 19533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57881
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. William Timm		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : SA11AI.57882
Mailing Address 1059 MAHLON DRIVE		Amount of Each Receipt this Period 35.00
City LEESPORT	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 385.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Timm		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : SA11AI.57883
Mailing Address 1059 MAHLON DRIVE		Amount of Each Receipt this Period 35.00
City LEESPORT	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 420.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Timm		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : SA11AI.57884
Mailing Address 1059 MAHLON DRIVE		Amount of Each Receipt this Period 35.00
City LEESPORT	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 455.00
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 180 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. LISA TRAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 VIOLET LANE
 City WEST GROVE State PA Zip Code 19390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR REGIONAL EC LINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57486
 Amount of Each Receipt this Period
 20.00

B. LISA TRAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 VIOLET LANE
 City WEST GROVE State PA Zip Code 19390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR REGIONAL EC LINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57487
 Amount of Each Receipt this Period
 20.00

C. LISA TRAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 VIOLET LANE
 City WEST GROVE State PA Zip Code 19390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR REGIONAL EC LINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57488
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 181 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH J TRIANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 INTIMADATOR LANE
 City GIVEN State WV Zip Code 25245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-SR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57838
 Amount of Each Receipt this Period
 25.00

B. JOSEPH J TRIANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 INTIMADATOR LANE
 City GIVEN State WV Zip Code 25245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-SR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57839
 Amount of Each Receipt this Period
 25.00

C. JOSEPH J TRIANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 INTIMADATOR LANE
 City GIVEN State WV Zip Code 25245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation ADMINISTRATOR-SR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57840
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH J TRIANA
Full Name (Last, First, Middle Initial)

Mailing Address 102 INTIMADATOR LANE

City GIVEN	State WV	Zip Code 25245
---------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-SR
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SA11AI.57841

Amount of Each Receipt this Period

25.00

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

Mailing Address 102 INTIMADATOR LANE

City GIVEN	State WV	Zip Code 25245
---------------	-------------	-------------------

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

Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR-SR
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.57842

Amount of Each Receipt this Period

25.00

C. PERRY VALENTINE
Full Name (Last, First, Middle Initial)

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57332

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 183 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PERRY VALENTINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

Date of Receipt: 04 / 26 / 2013
Transaction ID : SA11AI.57333

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 35.00

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 315.00

B. PERRY VALENTINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

Date of Receipt: 05 / 10 / 2013
Transaction ID : SA11AI.57334

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 35.00

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 350.00

C. PERRY VALENTINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

Date of Receipt: 05 / 24 / 2013
Transaction ID : SA11AI.57335

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 35.00

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation DIRECTOR-HOSPITALITY SERVICES
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 385.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. PERRY VALENTINE
Full Name (Last, First, Middle Initial)

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD State MD Zip Code 21074

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-HOSPITALITY SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 07 / 2013
Transaction ID : SA11AI.57336

Amount of Each Receipt this Period 35.00

B. PERRY VALENTINE
Full Name (Last, First, Middle Initial)

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD State MD Zip Code 21074

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

Name of Employer GENESIS HEALTH VENTURES, INC. Occupation DIRECTOR-HOSPITALITY SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 21 / 2013
Transaction ID : SA11AI.57337

Amount of Each Receipt this Period 35.00

C. VICTORIA VALTON
Full Name (Last, First, Middle Initial)

Mailing Address 112 EDGEWOOD RD

City TOWSON State MD Zip Code 21286

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-EXTERNAL COMMUN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.58064

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 185 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. VICTORIA VALTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 EDGEWOOD RD
 City TOWSON State MD Zip Code 21286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-EXTERNAL COMMUN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58065
 Amount of Each Receipt this Period
 20.00

B. VICTORIA VALTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 EDGEWOOD RD
 City TOWSON State MD Zip Code 21286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-EXTERNAL COMMUN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58066
 Amount of Each Receipt this Period
 20.00

C. Timothy Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address 11123 Willow Green Way
 City Marriottsville State MD Zip Code 21104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation Director Medical Supply Mgmt.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57370
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Timothy Wade		Date of Receipt
Mailing Address 11123 Willow Green Way		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Marriottsville	MD	21104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57371
Name of Employer	Occupation	Amount of Each Receipt this Period
Genesis HealthCare Corporation	Director Medical Supply Mgmt.	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Timothy Wade		Date of Receipt
Mailing Address 11123 Willow Green Way		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Marriottsville	MD	21104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57372
Name of Employer	Occupation	Amount of Each Receipt this Period
Genesis HealthCare Corporation	Director Medical Supply Mgmt.	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) C. Timothy Wade		Date of Receipt
Mailing Address 11123 Willow Green Way		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Marriottsville	MD	21104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57373
Name of Employer	Occupation	Amount of Each Receipt this Period
Genesis HealthCare Corporation	Director Medical Supply Mgmt.	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 187 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Timothy Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address 11123 Willow Green Way
 City State Zip Code
 Marriottsville MD 21104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Genesis HealthCare Corporation Director Medical Supply Mgmt.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.57374
 Amount of Each Receipt this Period
 25.00

B. SHARON WAREING
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 EAST SIDE DRIVE
 City State Zip Code
 CONCORD NH 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-NURSING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.58164
 Amount of Each Receipt this Period
 16.74

C. SHARON WAREING
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 EAST SIDE DRIVE
 City State Zip Code
 CONCORD NH 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-NURSING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 217.62

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58165
 Amount of Each Receipt this Period
 16.74

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.48
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 188 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Sharon Warren
 Mailing Address 3936 KEDRON ROAD
 City State Zip Code
 SPRING HILL TN 37174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP-SR CENTERS OPERATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 262.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : SA11AI.58683
 Amount of Each Receipt this Period
 86.29

Full Name (Last, First, Middle Initial)
B. KAREN M WELLS
 Mailing Address 1679 W. DOE RUN ROAD
 P.O. BOX 487
 City State Zip Code
 UNIONVILLE PA 19375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-FIN CTRL - COMPLIANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57232
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. KAREN M WELLS
 Mailing Address 1679 W. DOE RUN ROAD
 P.O. BOX 487
 City State Zip Code
 UNIONVILLE PA 19375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION DIRECTOR-FIN CTRL - COMPLIANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : SA11AI.57233
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.29
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KAREN M WELLS		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2013 Transaction ID : SA11AI.57234
Mailing Address 1679 W. DOE RUN ROAD P.O. BOX 487		Amount of Each Receipt this Period 20.00
City UNIONVILLE	State PA	Zip Code 19375
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation DIRECTOR-FIN CTRL - COMPLIANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. DAVID G WENDT		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2013 Transaction ID : SA11AI.58216
Mailing Address 303T-3 LORD BYRON LANE		Amount of Each Receipt this Period 39.05
City COCKEYSVILLE	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.40	

Full Name (Last, First, Middle Initial) C. DAVID G WENDT		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2013 Transaction ID : SA11AI.58217
Mailing Address 303T-3 LORD BYRON LANE		Amount of Each Receipt this Period 39.05
City COCKEYSVILLE	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		
Name of Employer GENESIS HEALTHCARE CORPORATION	Occupation ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.45	

SUBTOTAL of Receipts This Page (optional).....▶	98.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DAVID G WENDT		Date of Receipt
Mailing Address 303T-3 LORD BYRON LANE		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
COCKEYSVILLE	MD	21030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58218
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="390.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="390.50"/>	

Full Name (Last, First, Middle Initial) B. DAVID G WENDT		Date of Receipt
Mailing Address 303T-3 LORD BYRON LANE		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
COCKEYSVILLE	MD	21030
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.58219
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	ADMINISTRATOR	<input type="text" value="390.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.55"/>	

Full Name (Last, First, Middle Initial) C. JOSEPH W WILKS		Date of Receipt
Mailing Address 101 KINSTON LN		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
DOWNINGTOWN	PA	19335
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.57770
Name of Employer	Occupation	Amount of Each Receipt this Period
GENESIS HEALTHCARE CORPORATION	VP AND AREA CONTROLLER	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="153.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 191 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JOSEPH W WILKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 KINSTON LN
 City DOWNINGTOWN State PA Zip Code 19335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND AREA CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57771
 Amount of Each Receipt this Period
 75.00

B. JOSEPH W WILKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 KINSTON LN
 City DOWNINGTOWN State PA Zip Code 19335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND AREA CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57772
 Amount of Each Receipt this Period
 75.00

C. JOSEPH W WILKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 KINSTON LN
 City DOWNINGTOWN State PA Zip Code 19335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP AND AREA CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.57773
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JOSEPH W WILKS		Date of Receipt
Mailing Address 101 KINSTON LN		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
DOWNINGTOWN	PA	19335
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57774
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP AND AREA CONTROLLER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) B. JOSEPH W WILKS		Date of Receipt
Mailing Address 101 KINSTON LN		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
DOWNINGTOWN	PA	19335
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57775
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP AND AREA CONTROLLER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="975.00"/>	

Full Name (Last, First, Middle Initial) C. JOANNE M WISELY		Date of Receipt
Mailing Address 118 DEEPDALE ROAD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYNE	PA	19087
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.57679
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="16.00"/>
Name of Employer	Occupation	
GENESIS HEALTHCARE CORPORATION	VP-REGULATORY ADM COMPL GRS RH	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 193 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. DONNA WIXTED
 Mailing Address 1108 KENT LANE
 City PHILADELPHIA State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP -FOOD AND NUTRIONAL SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57167
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. DONNA WIXTED
 Mailing Address 1108 KENT LANE
 City PHILADELPHIA State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP -FOOD AND NUTRIONAL SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57168
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. DONNA WIXTED
 Mailing Address 1108 KENT LANE
 City PHILADELPHIA State PA Zip Code 19115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP -FOOD AND NUTRIONAL SVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57169
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 194 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DONNA WIXTED			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57170			M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		2	4		2	0	1	3																
Mailing Address 1108 KENT LANE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City PHILADELPHIA	State PA	Zip Code 19115																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP -FOOD AND NUTRIONAL SVS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>550.00</td> </tr> </table>				550.00																			
550.00																									

Full Name (Last, First, Middle Initial) B. DONNA WIXTED			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57171			M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		0	7		2	0	1	3																
Mailing Address 1108 KENT LANE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City PHILADELPHIA	State PA	Zip Code 19115																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP -FOOD AND NUTRIONAL SVS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>600.00</td> </tr> </table>				600.00																			
600.00																									

Full Name (Last, First, Middle Initial) C. DONNA WIXTED			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.57172			M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	6		2	1		2	0	1	3																
Mailing Address 1108 KENT LANE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City PHILADELPHIA	State PA	Zip Code 19115																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GENESIS HEALTHCARE CORPORATION		Occupation VP -FOOD AND NUTRIONAL SVS																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>650.00</td> </tr> </table>				650.00																			
650.00																									

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150.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 195 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. Patricia Worhunsky-Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Prospect Street
 City Terryville State CT Zip Code 06786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation Regional VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.57549
 Amount of Each Receipt this Period
 40.00

B. Patricia Worhunsky-Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Prospect Street
 City Terryville State CT Zip Code 06786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation Regional VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11AI.57550
 Amount of Each Receipt this Period
 40.00

C. Patricia Worhunsky-Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Prospect Street
 City Terryville State CT Zip Code 06786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesis HealthCare Corporation Occupation Regional VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.57551
 Amount of Each Receipt this Period
 40.00

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

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

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

FOR LINE NUMBER: PAGE 196 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Patricia Worhunsky-Quinn			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>24</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	24	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05	/	24	/	2013									
Mailing Address 45 Prospect Street			Transaction ID : SA11AI.57552										
City Terryville	State CT	Zip Code 06786	Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Genesis HealthCare Corporation	Occupation Regional VP Operations												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>440.00</td> </tr> </table>	440.00											
440.00													

Full Name (Last, First, Middle Initial) B. Patricia Worhunsky-Quinn			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>07</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	07	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	07	/	2013									
Mailing Address 45 Prospect Street			Transaction ID : SA11AI.57553										
City Terryville	State CT	Zip Code 06786	Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Genesis HealthCare Corporation	Occupation Regional VP Operations												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>480.00</td> </tr> </table>	480.00											
480.00													

Full Name (Last, First, Middle Initial) C. Patricia Worhunsky-Quinn			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>21</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	21	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	21	/	2013									
Mailing Address 45 Prospect Street			Transaction ID : SA11AI.57554										
City Terryville	State CT	Zip Code 06786	Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Genesis HealthCare Corporation	Occupation Regional VP Operations												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>520.00</td> </tr> </table>	520.00											
520.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00
120.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 197 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. JACK WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 834 NEWHALL ROAD

City KENNETT SQUARE	State PA	Zip Code 19348
------------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.57308

Amount of Each Receipt this Period

35.00

B. JACK WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 834 NEWHALL ROAD

City KENNETT SQUARE	State PA	Zip Code 19348
------------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11AI.57309

Amount of Each Receipt this Period

35.00

C. JACK WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 834 NEWHALL ROAD

City KENNETT SQUARE	State PA	Zip Code 19348
------------------------	-------------	-------------------

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

Name of Employer GENESIS HEALTH VENTURES, INC.	Occupation VP-PROPERTY MANAGEMENT
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.57310

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 198 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. VP-PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.57311

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. VP-PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11AI.57312

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City State Zip Code
 KENNETT SQUARE PA 19348

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

Name of Employer Occupation
 GENESIS HEALTH VENTURES, INC. VP-PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.57313

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.00**

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

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

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

FOR LINE NUMBER: PAGE 199 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. STEPHEN S YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-ASSISTANT CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 12 / 2013
Transaction ID : SA11AI.57622

Amount of Each Receipt this Period
50.00

B. STEPHEN S YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-ASSISTANT CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
04 / 26 / 2013
Transaction ID : SA11AI.57623

Amount of Each Receipt this Period
50.00

C. STEPHEN S YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-ASSISTANT CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 10 / 2013
Transaction ID : SA11AI.57624

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

A. STEPHEN S YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-ASSISTANT CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
05 / 24 / 2013
Transaction ID : SA11AI.57625

Amount of Each Receipt this Period
50.00

B. STEPHEN S YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-ASSISTANT CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 07 / 2013
Transaction ID : SA11AI.57626

Amount of Each Receipt this Period
50.00

C. STEPHEN S YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-ASSISTANT CONTROLLER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
06 / 21 / 2013
Transaction ID : SA11AI.57627

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	34683.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013

Transaction ID : SB23.57115

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BOB CASEY FOR SENATE INC

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013

Transaction ID : SB23.57112

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement

Candidate Name
GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2013

Transaction ID : SB23.57106

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	3

Transaction ID : SB23.57131

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JEANNE SHAHEEN

Mailing Address PO BOX 1510

City State Zip Code
MANCHESTER NH 03105

Purpose of Disbursement

011

Candidate Name

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	3

Transaction ID : SB23.57122

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	3

Transaction ID : SB23.57117

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2013

Transaction ID : SB23.57125

Amount of Each Disbursement this Period

2500.00

012
Category/
Type

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: KY District: 00

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2013

Transaction ID : SB23.57104

Amount of Each Disbursement this Period

1500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: CA District: 12

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2013

Transaction ID : SB23.57123

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : SB23.57129

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. O'SAY CAN YOU SEE PAC

Mailing Address PO BOX 468

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2013

Transaction ID : SB23.57119

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NJ District: 06

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2013

Transaction ID : SB23.57114

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2013

Mailing Address PO BOX 13026

Transaction ID : SB23.57108

City AUSTIN State TX Zip Code 78711

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/Type

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2013

Mailing Address P. O. Box 11586

Transaction ID : SB23.57121

City Washington State DC Zip Code 20008

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

012
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. UDALL FOR COLORADO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2013

Mailing Address PO BOX 40158

Transaction ID : SB23.57118

City DENVER State CO Zip Code 80204

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

011
Category/Type

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

39000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kentucky Republican House

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement

012

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : SB29.57141

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Terry McAuliffe for Governor

Mailing Address PO Box 13881

City Arlington State VA Zip Code 22219

Purpose of Disbursement

012

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2013

Transaction ID : SB29.57139

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VHCA PAC

Mailing Address 2112 W. Leburium, Suite 206

City Richmond State VA Zip Code 23277

Purpose of Disbursement

012

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2013

Transaction ID : SB29.57140

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

3000.00