

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 303
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harris, Robert, , ,

Mailing Address 56 Covington Drive

City
Shrewsbury

State
PA

Zip Code
17361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genesis HealthCare Corp

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 04 / 2017

Transaction ID : SA11Al.101831

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harris, Robert, , ,

Mailing Address 56 Covington Drive

City
Shrewsbury

State
PA

Zip Code
17361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genesis HealthCare Corp

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

08 / 18 / 2017

Transaction ID : SA11Al.101832

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Robert, , ,

Mailing Address 56 Covington Drive

City
Shrewsbury

State
PA

Zip Code
17361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genesis HealthCare Corp

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 01 / 2017

Transaction ID : SA11Al.101833

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

15.00