

# **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 303

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Genesis Healthcare Inc PAC**

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

Transaction ID : SA11AI.101834

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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2017

Transaction ID : SA11AI.101835

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. Harris, Wm. Craig, , ,**

Mailing Address 102 PATRIOT DRIVE

City  
COLLEGEVILLE

State  
PA

Zip Code  
19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENESIS HEALTHCARE CORPORATION

Occupation (for Individual)  
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  
07 / 14 / 2017

Transaction ID : SA11AI.101621

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

30.00