

# **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 447

☒ 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 ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2017

**Transaction ID : SA11Al.104749**

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2017

**Transaction ID : SA11Al.104750**

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : SA11Al.104527**

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