

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Genesis Healthcare Inc PAC

ADDRESS (number and street) 101 E. State Street

(Check if address is changed)

Kennett Square CITY ▲ PA STATE ▲ 19348 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

johnny.patterson@genesishcc.com

Optional Second E-Mail Address michael.sherman@genesishcc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 18 / 2022

3. FEC IDENTIFICATION NUMBER ▶ C C00292094

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Sherman, Michael, , ,

Signature of Treasurer Sherman, Michael, , , [Electronically Filed] Date 10 / 18 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.
 In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____
 2. _____

C _____
 C _____

Write or Type Committee Name

Genesis Healthcare Inc PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Genesis Healthcare Inc.

Grid lines for name entry

Mailing Address 101 East State Street

Grid lines for address continuation

Kennett Square PA 19348

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Sherman, Michael, , ,

Mailing Address 101 E. State Street

Grid lines for address continuation

Kennett Square PA 19348

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasuer

Telephone number 610 - 925 - 2281

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Sherman, Michael, , ,

Mailing Address 101 E. State Street

Grid lines for address continuation

Kennett Square PA 19348

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasuer

Telephone number 610 - 925 - 2281

Full Name of Designated Agent | Patterson, Johnny, , ,

Mailing Address | 101 E. State Street
| Kennett Square | PA | 19348
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ | Secretary/ Asst. Tre | Telephone number | 213 | 909 | 7644

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address | 400 Scarlett Road
| Kennett Square | PA | 19348
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address |
|
CITY ▲ STATE ▲ ZIP CODE ▲