

**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

Genesis Healthcare Inc PAC

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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Genesis Healthcare Inc PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2015</div>		<div>164990.78</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>173604.68</div>	
(c) Total Receipts (from Line 19)	<div>44011.68</div>	<div>227620.56</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>217616.36</div>	<div>392611.34</div>
7. Total Disbursements (from Line 31).....	<div>62180.00</div>	<div>237174.98</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>155436.36</div>	<div>155436.36</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



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

Genesis Healthcare Inc PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2015

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).....

40572.80

166400.51

(ii) Unitemized

1438.88

52253.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42011.68

218654.06

(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) ▶

42011.68

218654.06

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

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.....

2000.00

8966.50

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))..... ▶

44011.68

227620.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

44011.68

227620.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	180.00	750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	180.00	750.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	200500.00
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	0.00
(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	0.00
29. Other Disbursements	13000.00	25924.98
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)) ..	62180.00	237174.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62180.00	237174.98

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)	42011.68	218654.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42011.68	218654.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	180.00	750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	180.00	750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Carolynne Adams

Mailing Address 17163 CARRIAGE HORSE DR

City	State	Zip Code
COLORADO SPRINGS	CO	80921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78976

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carolynne Adams

Mailing Address 17163 CARRIAGE HORSE DR

City	State	Zip Code
COLORADO SPRINGS	CO	80921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

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
11	/	20	/	2015

Transaction ID : SA11AI.78977

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carolynne Adams

Mailing Address 17163 CARRIAGE HORSE DR

City	State	Zip Code
COLORADO SPRINGS	CO	80921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78978

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Carolynne Adams

Mailing Address 17163 CARRIAGE HORSE DR

City	State	Zip Code
COLORADO SPRINGS	CO	80921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

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
12	/	18	/	2015

Transaction ID : SA11AI.78979

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carolynne Adams

Mailing Address 17163 CARRIAGE HORSE DR

City	State	Zip Code
COLORADO SPRINGS	CO	80921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78980

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City	State	Zip Code
ENFIELD	CT	06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77951

Amount of Each Receipt this Period

15.20

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.20

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City
ENFIELD

State Zip Code
CT 06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.40

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.77952

Amount of Each Receipt this Period

15.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City
ENFIELD

State Zip Code
CT 06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.60

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77953

Amount of Each Receipt this Period

15.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City
ENFIELD

State Zip Code
CT 06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.80

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.77954

Amount of Each Receipt this Period

15.20

☐ Memo Item

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

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

45.60

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ELAINE C ADAMS

Mailing Address 12 CARTIER ROAD

City
ENFIELD

State Zip Code
CT 06082

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.77955

Amount of Each Receipt this Period

15.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City
MIDDLETOWN

State Zip Code
DE 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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78079

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES M ADAMS

Mailing Address 314 MARLDALE DRIVE

City
MIDDLETOWN

State Zip Code
DE 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78080

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JAMES M ADAMS

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11AI.78081

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES M ADAMS

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11AI.78082

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAMES M ADAMS

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.78083

Amount of Each Receipt this Period

25.00

☐ Memo Item**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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

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 ▼

420.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78656

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

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 ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78657

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

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 ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78658

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)..... ►

60.00

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 12 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY D ADAMS

Mailing Address 114 BORDEN WAY

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78660

Amount of Each Receipt this Period

20.00

☐ Memo Item

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 ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.77971

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

190.00

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 375

(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 (Last, First, Middle Initial)

A. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORK

State Zip Code
PA 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 ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.77972

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORK

State Zip Code
PA 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 ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.77973

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORK

State Zip Code
PA 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 ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.77974

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORKState
PAZip Code
17403FEC 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 ▼

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77975

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TANATHA K AMOS

Mailing Address 8930 WINDY RIDGE ROAD

City

SANDYVILLE

State

WV

Zip Code

25275

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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : SA11AI.78547

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TANATHA K AMOS

Mailing Address 8930 WINDY RIDGE ROAD

City

SANDYVILLE

State

WV

Zip Code

25275

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.78548

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

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 15 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. TANATHA K AMOS

Mailing Address 8930 WINDY RIDGE ROAD

City
SANDYVILLE

State Zip Code
WV 25275

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SA11AI.78549

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City
BALDWIN

State Zip Code
MD 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 ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.77794

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City
BALDWIN

State Zip Code
MD 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 ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.77795

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

394.60

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 375

(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 (Last, First, Middle Initial)

A. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
 BALDWIN MD 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 ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.77796

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
 BALDWIN MD 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 ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.77797

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
 BALDWIN MD 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 ▼

4807.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.77798

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Cheryl Baker

Mailing Address 280 COUNTY ROAD 341

City
FLORENCEState Zip Code
AL 35634FEC 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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78856

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cheryl Baker

Mailing Address 280 COUNTY ROAD 341

City
FLORENCEState Zip Code
AL 35634FEC 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 M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78857

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cheryl Baker

Mailing Address 280 COUNTY ROAD 341

City
FLORENCEState Zip Code
AL 35634FEC 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 ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78858

Amount of Each Receipt this Period

10.00

☐ Memo Item

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 18 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Cheryl Baker

Mailing Address 280 COUNTY ROAD 341

City
FLORENCE

State Zip Code
AL 35634

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

12 / 18 / 2015

Transaction ID : SA11AI.78859

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cheryl Baker

Mailing Address 280 COUNTY ROAD 341

City
FLORENCE

State Zip Code
AL 35634

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 ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78860

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALEX BELL

Mailing Address 1600 GARRETT ROAD, APT. A-204

City
UPPER DARBY

State Zip Code
PA 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 ▼

840.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.77931

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

60.00

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 19 OF 375

☒ 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 (Last, First, Middle Initial)

A. ALEX BELL

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 ▼

880.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.77932

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALEX BELL

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 ▼

920.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.77933

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALEX BELL

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 ▼

960.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.77934

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ALEX BELL

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 REIMBURSEMENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77935

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CONSULTING

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
11	/	06	/	2015

Transaction ID : SA11AI.77872

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City

AGAWAM

State

MA

Zip Code

01001

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CONSULTING

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
11	/	20	/	2015

Transaction ID : SA11AI.77873

Amount of Each Receipt this Period

10.00

☐ Memo Item

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 21 OF 375

☒ 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 (Last, First, Middle Initial)

A. ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City
AGAWAM

State Zip Code
MA 01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.77874

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City
AGAWAM

State Zip Code
MA 01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
DIRECTOR-CONSULTING

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
12 / 18 / 2015

Transaction ID : SA11Al.77875

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALICEMAE BELL

Mailing Address 23 PEMBROKE LANE

City
AGAWAM

State Zip Code
MA 01001

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
DIRECTOR-CONSULTING

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
12 / 31 / 2015

Transaction ID : SA11Al.77876

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 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 ▼

3150.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.77838

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 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 ▼

3300.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.77839

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 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 ▼

3450.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77840

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLEState Zip Code
MD 21087FEC 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 ▼

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77841

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLEState Zip Code
MD 21087FEC 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 ▼

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77842

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Michael Berg

Mailing Address 8700 SIGNAL CT NE

City
ALBUQUERQUEState Zip Code
NM 87122FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.79021

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

340.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Berg

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

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
11 / 20 / 2015

Transaction ID : SA11Al.79022

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Berg

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.79023

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Michael Berg

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.79024

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Berg

Mailing Address 8700 SIGNAL CT NE

City	State	Zip Code
ALBUQUERQUE	NM	87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.79025

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VP-MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78219

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VP-MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78220

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

105.00

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 26 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. GARY B BERNETT

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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78221

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARY B BERNETT

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78222

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARY B BERNETT

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78223

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DAVID BERTHA

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

Transaction ID : SA11Al.77828

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID BERTHA

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			20			2015					

Transaction ID : SA11Al.77829

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID BERTHA

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : SA11Al.77830

Amount of Each Receipt this Period

40.00

☐ Memo Item**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 28 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DAVID BERTHA

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.77831

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID BERTHA

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.77832

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mildred Bickling

Mailing Address 282 Baker Road

City

Cochranville

State

PA

Zip Code

19330

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR DEMENTIA SW PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78461

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

90.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mildred Bickling

Mailing Address 282 Baker Road

City

Cochranville

State

PA

Zip Code

19330

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR DEMENTIA SW PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78462

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mildred Bickling

Mailing Address 282 Baker Road

City

Cochranville

State

PA

Zip Code

19330

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR DEMENTIA SW PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78463

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mildred Bickling

Mailing Address 282 Baker Road

City

Cochranville

State

PA

Zip Code

19330

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR DEMENTIA SW PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78464

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mildred Bickling

Mailing Address 282 Baker Road

City	State	Zip Code
Cochranville	PA	19330

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR DEMENTIA SW PRACT

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
12	/	31	/	2015

Transaction ID : SA11AI.78465

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Bierstedt

Mailing Address 8131 BIG OAK TRAIL

City	State	Zip Code
HOUSTON	TX	77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTANT NURSE

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
11	/	06	/	2015

Transaction ID : SA11AI.78916

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Bierstedt

Mailing Address 8131 BIG OAK TRAIL

City	State	Zip Code
HOUSTON	TX	77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTANT NURSE

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
11	/	20	/	2015

Transaction ID : SA11AI.78917

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 31 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Barbara Bierstedt

Mailing Address 8131 BIG OAK TRAIL

City
HOUSTON

State Zip Code
TX 77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTANT NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78918

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Bierstedt

Mailing Address 8131 BIG OAK TRAIL

City
HOUSTON

State Zip Code
TX 77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTANT NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78919

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Bierstedt

Mailing Address 8131 BIG OAK TRAIL

City
HOUSTON

State Zip Code
TX 77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTANT NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78920

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City
WINDHAMState
NHZip Code
03087FEC 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 ▼

3150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78312

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City
WINDHAMState
NHZip Code
03087FEC 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 ▼

3300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78313

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City
WINDHAMState
NHZip Code
03087FEC 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 ▼

3450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78314

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

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 375

(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 (Last, First, Middle Initial)

A. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City
WINDHAM

State Zip Code
NH 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 ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78315

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City
WINDHAM

State Zip Code
NH 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 ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78316

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Joseph Bourne

Mailing Address 16 PERRY RIDGE COURT

City
BALTIMORE

State Zip Code
MD 21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78496

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

350.00

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 34 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Joseph Bourne

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 DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78497

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Bourne

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 DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78498

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joseph Bourne

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 DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78499

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Joseph Bourne

Mailing Address 16 PERRY RIDGE COURT

City	State	Zip Code
BALTIMORE	MD	21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78500

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol Britt

Mailing Address 302 N SCOTT ST

City	State	Zip Code
MADISONVILLE	KY	42431

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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : SA11AI.78842

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol Britt

Mailing Address 302 N SCOTT ST

City	State	Zip Code
MADISONVILLE	KY	42431

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

Transaction ID : SA11AI.78843

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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 36 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Carol Britt

Mailing Address 302 N SCOTT ST

City

MADISONVILLE

State

KY

Zip Code

42431

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SA11Al.78844

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol Britt

Mailing Address 302 N SCOTT ST

City

MADISONVILLE

State

KY

Zip Code

42431

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
12 / 31 / 2015

Transaction ID : SA11Al.78845

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julie Britton

Mailing Address 6 DERBY CIRCLE

City

HORSHAM

State

PA

Zip Code

19044

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78044

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Julie Britton

Mailing Address 6 DERBY CIRCLE

City
HORSHAMState
PAZip Code
19044FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78045

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julie Britton

Mailing Address 6 DERBY CIRCLE

City
HORSHAMState
PAZip Code
19044FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78046

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julie Britton

Mailing Address 6 DERBY CIRCLE

City
HORSHAMState
PAZip Code
19044FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78047

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Julie Britton

Mailing Address 6 DERBY CIRCLE

City
HORSHAMState
PAZip Code
19044FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78048

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBIN BROWN

Mailing Address 22 MOLLY LANE

City
SEBAGOState
MEZip Code
04029FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78675

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN BROWN

Mailing Address 22 MOLLY LANE

City
SEBAGOState
MEZip Code
04029FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78676

Amount of Each Receipt this Period

25.00

☐ Memo Item

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:
(check only one)

PAGE 39 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ROBIN BROWN

Mailing Address 22 MOLLY LANE

City
SEBAGO

State Zip Code
ME 04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78677

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBIN BROWN

Mailing Address 22 MOLLY LANE

City
SEBAGO

State Zip Code
ME 04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78678

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN BROWN

Mailing Address 22 MOLLY LANE

City
SEBAGO

State Zip Code
ME 04029

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78679

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City

ELLICOTT CITY

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHYSICIAN SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

Transaction ID : SA11Al.77818

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City

ELLICOTT CITY

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHYSICIAN SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

Transaction ID : SA11Al.77819

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City

ELLICOTT CITY

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHYSICIAN SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

Transaction ID : SA11Al.77820

Amount of Each Receipt this Period

20.00

☐ Memo Item

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 41 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City

ELLICOTT CITY

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHYSICIAN SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.77821

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Warren Burke

Mailing Address 8565 TRAILVIEW DR.

City

ELLICOTT CITY

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHYSICIAN SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.77822

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janice Burnap

Mailing Address 201 OAKCREST DR

City

WAKE FOREST

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.79081

Amount of Each Receipt this Period

36.45

☐ Memo Item

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

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

76.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Janice Burnap

Mailing Address 201 OAKCREST DR

City

WAKE FOREST

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

775.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.79082

Amount of Each Receipt this Period

34.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Janice Burnap

Mailing Address 201 OAKCREST DR

City

WAKE FOREST

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

810.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.79083

Amount of Each Receipt this Period

34.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janice Burnap

Mailing Address 201 OAKCREST DR

City

WAKE FOREST

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

851.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.79084

Amount of Each Receipt this Period

41.65

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

111.15

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 43 OF 375

(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 (Last, First, Middle Initial)

A. Janice Burnap

Mailing Address 201 OAKCREST DR

City

WAKE FOREST

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.79085

Amount of Each Receipt this Period

44.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.78355

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.78356

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

94.06

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 375

<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)

Genesis Healthcare Inc PAC

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11AI.78357

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11AI.78358

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. 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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.78359

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

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

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

FOR LINE NUMBER: PAGE 45 OF 375

(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 (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.78108

Amount of Each Receipt this Period

25.00

☐ Memo Item

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.78109

Amount of Each Receipt this Period

25.00

☐ Memo Item

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.78110

Amount of Each Receipt this Period

25.00

☐ Memo Item

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 46 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

600.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78111

Amount of Each Receipt this Period

25.00

☐ Memo Item

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 ▼

625.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11Al.78112

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.79071

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)..... ►

70.00

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 375

(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 (Last, First, Middle Initial)

A. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City State Zip Code
 BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 MANAGER-RGNL REV CYC MGMT QA

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
 11 / 20 / 2015

Transaction ID : SA11Al.79072

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City State Zip Code
 BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.79073

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City State Zip Code
 BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 MANAGER-RGNL REV CYC MGMT QA

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
 12 / 18 / 2015

Transaction ID : SA11Al.79074

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.79075

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD E CODY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

966.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	5		

Transaction ID : SA11Al.77990

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E CODY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1012.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	1	5		

Transaction ID : SA11Al.77991

Amount of Each Receipt this Period

46.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

112.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD E CODY

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 ▼

1058.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.77992

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD E CODY

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 ▼

1104.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.77993

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E CODY

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.77994

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

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

138.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA COLANTON

Mailing Address 9 WYMAN ROAD

City

BILLERICA

State

MA

Zip Code

01821

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11Al.78426

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICIA COLANTON

Mailing Address 9 WYMAN ROAD

City

BILLERICA

State

MA

Zip Code

01821

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11Al.78427

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICIA COLANTON

Mailing Address 9 WYMAN ROAD

City

BILLERICA

State

MA

Zip Code

01821

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11Al.78428

Amount of Each Receipt this Period

10.00

☐ Memo Item

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PATRICIA COLANTON

Mailing Address 9 WYMAN ROAD

City

BILLERICA

State

MA

Zip Code

01821

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78429

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICIA COLANTON

Mailing Address 9 WYMAN ROAD

City

BILLERICA

State

MA

Zip Code

01821

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-REGNL HUMAN RES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78430

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Cook

Mailing Address 2520-1 BALD MOUNTAIN RD

City

CLARKS SUMMIT

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.78481

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 52 OF 375

(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 (Last, First, Middle Initial)

A. Mary Cook

Mailing Address 2520-1 BALD MOUNTAIN RD

City State Zip Code
 CLARKS SUMMIT PA 18411

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.78482

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Cook

Mailing Address 2520-1 BALD MOUNTAIN RD

City State Zip Code
 CLARKS SUMMIT PA 18411

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.78483

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Cook

Mailing Address 2520-1 BALD MOUNTAIN RD

City State Zip Code
 CLARKS SUMMIT PA 18411

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.78484

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 53 OF 375

(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 (Last, First, Middle Initial)

A. Mary Cook

Mailing Address 2520-1 BALD MOUNTAIN RD

City State Zip Code
CLARKS SUMMIT PA 18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.78485

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHELE LYNN CORNWELL

Mailing Address 563 BRECKENRIDGE WAY

City State Zip Code
SHENANDOAH JUNCTION WV 25442

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 27 2015

Transaction ID : SA11Al.78520

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHELE LYNN CORNWELL

Mailing Address 563 BRECKENRIDGE WAY

City State Zip Code
SHENANDOAH JUNCTION WV 25442

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 / D D / Y Y Y Y Y
12 11 2015

Transaction ID : SA11Al.78521

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHELE LYNN CORNWELL

Mailing Address 563 BRECKENRIDGE WAY

City State Zip Code
 SHENANDOAH JUNCTION WV 25442

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 24 2015

Transaction ID : SA11AI.78522

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Antonio Costa

Mailing Address 1062 ELKGROVE AVE

City State Zip Code
 VENICE CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 06 2015

Transaction ID : SA11AI.78321

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Antonio Costa

Mailing Address 1062 ELKGROVE AVE

City State Zip Code
 VENICE CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2015

Transaction ID : SA11AI.78322

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Antonio Costa

Mailing Address 1062 ELKGROVE AVE

City
VENICE

State Zip Code
CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78323

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Antonio Costa

Mailing Address 1062 ELKGROVE AVE

City
VENICE

State Zip Code
CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

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
12 / 18 / 2015

Transaction ID : SA11Al.78324

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Antonio Costa

Mailing Address 1062 ELKGROVE AVE

City
VENICE

State Zip Code
CA 90291

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS RN

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
12 / 31 / 2015

Transaction ID : SA11Al.78325

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 56 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michelle Costa

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 RN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11Al.78282

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Costa

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 RN

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
 11 / 20 / 2015

Transaction ID : SA11Al.78283

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Costa

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 RN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78284

Amount of Each Receipt this Period

50.00

☐ Memo Item

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michelle Costa

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 RN

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
12 / 18 / 2015

Transaction ID : SA11Al.78285

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Costa

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 RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78286

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICKIE L COX

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.77881

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)..... ►

120.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. VICKIE L COX

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 ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.77882

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICKIE L COX

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 ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77883

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICKIE L COX

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 ▼

480.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.77884

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)..... ►

60.00

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 375

(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 (Last, First, Middle Initial)

A. VICKIE L COX

Mailing Address 5760 SUMMIT BRIDGE ROAD

City	State	Zip Code
TOWNSEND	DE	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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12		/	31		/	2015			

Transaction ID : SA11Al.77885

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Crotty

Mailing Address 13 KIMBERLY DR

City	State	Zip Code
SOUTH HADLEY	MA	01075

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 ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11		/	06		/	2015			

Transaction ID : SA11Al.78747

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John Crotty

Mailing Address 13 KIMBERLY DR

City	State	Zip Code
SOUTH HADLEY	MA	01075

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 ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11		/	20		/	2015			

Transaction ID : SA11Al.78748

Amount of Each Receipt this Period

20.00

☐ Memo Item

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 60 OF 375

(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 (Last, First, Middle Initial)

A. John Crotty

Mailing Address 13 KIMBERLY DR

City

SOUTH HADLEY

State

MA

Zip Code

01075

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78749

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Crotty

Mailing Address 13 KIMBERLY DR

City

SOUTH HADLEY

State

MA

Zip Code

01075

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78750

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Crotty

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78402

Amount of Each Receipt this Period

35.00

☐ Memo Item

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mary Crotty

Mailing Address 6 Munroe Drive

City
Rockport

State
MA

Zip Code
01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78403

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Crotty

Mailing Address 6 Munroe Drive

City
Rockport

State
MA

Zip Code
01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78404

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Crotty

Mailing Address 6 Munroe Drive

City
Rockport

State
MA

Zip Code
01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78405

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

105.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mary Crotty

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78406

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KENNETH CULLEROT

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.77804

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KENNETH CULLEROT

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.77805

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

135.00

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 63 OF 375

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KENNETH CULLEROT

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 ▼

1150.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77806

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KENNETH CULLEROT

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 ▼

1200.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.77807

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KENNETH CULLEROT

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 ▼

1250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.77808

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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 64 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFF CUNNINGHAM

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 ▼

1050.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78127

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF CUNNINGHAM

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 ▼

1100.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78128

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFF CUNNINGHAM

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 ▼

1150.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78129

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFF CUNNINGHAM

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78130

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF CUNNINGHAM

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78131

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAULA D'AMICO

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 ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78541

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

180.00

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 66 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
 NEWTOWN SQUARE PA 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 ▼

1760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11Al.78542

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
 NEWTOWN SQUARE PA 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 ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78543

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
 NEWTOWN SQUARE PA 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 ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.78544

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City	State	Zip Code
NEWTOWN SQUARE	PA	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 ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78545

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City	State	Zip Code
SEWELL	NJ	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 ▼

1365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77946

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City	State	Zip Code
SEWELL	NJ	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 ▼

1430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.77947

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

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

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City
SEWELLState
NJZip Code
08080FEC 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 ▼

1495.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77948

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City
SEWELLState
NJZip Code
08080FEC 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 ▼

1560.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77949

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City
SEWELLState
NJZip Code
08080FEC 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 ▼

1625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77950

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

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

195.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARK

State Zip Code
DE 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 ▼

1155.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.78039

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARK

State Zip Code
DE 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 ▼

1210.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78040

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARK

State Zip Code
DE 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 ▼

1265.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78041

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

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

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARKState
DEZip Code
19702FEC 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 ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	1	5

Transaction ID : SA11AI.78042

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARKState
DEZip Code
19702FEC 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 ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

Transaction ID : SA11AI.78043

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City
WEST GROVEState
PAZip Code
19390FEC 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 ▼

4032.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	5

Transaction ID : SA11AI.78195

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

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

302.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. THOMAS DIVITTORIO

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 ▼

4224.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78196

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS DIVITTORIO

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 ▼

4416.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78197

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS DIVITTORIO

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 ▼

4608.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78198

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

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

576.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City
WEST GROVE

State Zip Code
PA 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 ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78199

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City
CHESTER SPRINGS

State Zip Code
PA 19425

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78961

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City
CHESTER SPRINGS

State Zip Code
PA 19425

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-SR. SPEND MGMT

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
11 / 20 / 2015

Transaction ID : SA11AI.78962

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

272.00

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

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

FOR LINE NUMBER: PAGE 73 OF 375

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code
 CHESTER SPRINGS PA 19425

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78963

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code
 CHESTER SPRINGS PA 19425

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.78964

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code
 CHESTER SPRINGS PA 19425

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR. SPEND MGMT

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
 12 / 31 / 2015

Transaction ID : SA11Al.78965

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROL DOCKEY

Mailing Address 46 ECHO LANE

City
TREMONTState Zip Code
PA 17981FEC 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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78365

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROL DOCKEY

Mailing Address 46 ECHO LANE

City
TREMONTState Zip Code
PA 17981FEC 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 M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78366

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL DOCKEY

Mailing Address 46 ECHO LANE

City
TREMONTState Zip Code
PA 17981FEC 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 ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78367

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROL DOCKEY

Mailing Address 46 ECHO LANE

City
TREMONT

State Zip Code
PA 17981

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

12 / 18 / 2015

Transaction ID : SA11AI.78368

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROL DOCKEY

Mailing Address 46 ECHO LANE

City
TREMONT

State Zip Code
PA 17981

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 ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78369

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Novaleigh Dodge-Krupa

Mailing Address 162 PLEASANT STREET

City
READING

State Zip Code
MA 01867

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.78258

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

60.00

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 375

(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 (Last, First, Middle Initial)

A. Novaleigh Dodge-Krupa

Mailing Address 162 PLEASANT STREET

City
READINGState
MAZip Code
01867FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

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
 11 / 20 / 2015

Transaction ID : SA11AI.78259

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Novaleigh Dodge-Krupa

Mailing Address 162 PLEASANT STREET

City
READINGState
MAZip Code
01867FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.78260

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Novaleigh Dodge-Krupa

Mailing Address 162 PLEASANT STREET

City
READINGState
MAZip Code
01867FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.78261

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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(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 (Last, First, Middle Initial)

A. Novaleigh Dodge-Krupa

Mailing Address 162 PLEASANT STREET

City
READING

State Zip Code
MA 01867

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

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
12 31 2015

Transaction ID : SA11Al.78262

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHAWN P EDDY

Mailing Address 5109 BRIAR MEADOW DRIVE

City
CROSS LANES

State Zip Code
WV 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 06 2015

Transaction ID : SA11Al.78069

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHAWN P EDDY

Mailing Address 5109 BRIAR MEADOW DRIVE

City
CROSS LANES

State Zip Code
WV 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 20 2015

Transaction ID : SA11Al.78070

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. SHAWN P EDDY

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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

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
12	/	04	/	2015

Transaction ID : SA11Al.78071

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHAWN P EDDY

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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

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
12	/	18	/	2015

Transaction ID : SA11Al.78072

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHAWN P EDDY

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

GENESIS HEALTHCARE CORPORATION

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
12	/	31	/	2015

Transaction ID : SA11Al.78073

Amount of Each Receipt this Period

20.00

☐ Memo Item**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)

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☒ 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 (Last, First, Middle Initial)

A. DAWN L EDWARDS

Mailing Address 22618 CAMRYN WAY

City

QUEEN ANNE

State

MD

Zip Code

21657

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78024

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAWN L EDWARDS

Mailing Address 22618 CAMRYN WAY

City

QUEEN ANNE

State

MD

Zip Code

21657

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78025

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAWN L EDWARDS

Mailing Address 22618 CAMRYN WAY

City

QUEEN ANNE

State

MD

Zip Code

21657

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78026

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DAWN L EDWARDS

Mailing Address 22618 CAMRYN WAY

City

QUEEN ANNE

State

MD

Zip Code

21657

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78027

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAWN L EDWARDS

Mailing Address 22618 CAMRYN WAY

City

QUEEN ANNE

State

MD

Zip Code

21657

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78028

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. J. Richard Edwards

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78565

Amount of Each Receipt this Period

70.00

☐ Memo Item**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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. J. Richard Edwards

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 ▼

1050.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78566

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. J. Richard Edwards

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 ▼

1120.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78567

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. J. Richard Edwards

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 ▼

1190.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78568

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

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

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City
LANDENBERGState Zip Code
PA 19350FEC 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 ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78569

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda Edwards

Mailing Address 7689 CLINK RD NE

City
MOSES LAKEState Zip Code
WA 98837FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

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
11	/	16	/	2015

Transaction ID : SA11AI.78872

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Linda Edwards

Mailing Address 7689 CLINK RD NE

City
MOSES LAKEState Zip Code
WA 98837FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

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
11	/	30	/	2015

Transaction ID : SA11AI.78873

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 83 OF 375

(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 (Last, First, Middle Initial)

A. Linda Edwards

Mailing Address 7689 CLINK RD NE

City State Zip Code
 MOSES LAKE WA 98837

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.78874

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda Edwards

Mailing Address 7689 CLINK RD NE

City State Zip Code
 MOSES LAKE WA 98837

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.78875

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randy Edwards

Mailing Address 1208 25TH AVE SW

City State Zip Code
 GREAT FALLS MT 59404

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 02 / 2015

Transaction ID : SA11AI.78861

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

40.00

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 84 OF 375

(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 (Last, First, Middle Initial)

A. Randy Edwards

Mailing Address 1208 25TH AVE SW

City

GREAT FALLS

State

MT

Zip Code

59404

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SA11AI.78862

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Randy Edwards

Mailing Address 1208 25TH AVE SW

City

GREAT FALLS

State

MT

Zip Code

59404

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.78863

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randy Edwards

Mailing Address 1208 25TH AVE SW

City

GREAT FALLS

State

MT

Zip Code

59404

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.78864

Amount of Each Receipt this Period

20.00

☐ Memo Item

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 85 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Randy Edwards

Mailing Address 1208 25TH AVE SW

City State Zip Code
GREAT FALLS MT 59404

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.78865

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Holly Eichhorn

Mailing Address 10 WEST MERRITT STREET

City State Zip Code
PLAINS PA 18705

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78451

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Holly Eichhorn

Mailing Address 10 WEST MERRITT STREET

City State Zip Code
PLAINS PA 18705

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78452

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)..... ►

60.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Holly Eichhorn

Mailing Address 10 WEST MERRITT STREET

City

PLAINS

State

PA

Zip Code

18705

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.78453

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Holly Eichhorn

Mailing Address 10 WEST MERRITT STREET

City

PLAINS

State

PA

Zip Code

18705

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78454

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Holly Eichhorn

Mailing Address 10 WEST MERRITT STREET

City

PLAINS

State

PA

Zip Code

18705

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78455

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)..... ►

60.00

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

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

FOR LINE NUMBER: PAGE 87 OF 375

(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 (Last, First, Middle Initial)

A. Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City State Zip Code
BALTIMORE MD 21210

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78000

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City State Zip Code
BALTIMORE MD 21210

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
MANAGER-HUMAN RESOURCES REGNL

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
11 / 20 / 2015

Transaction ID : SA11Al.78001

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City State Zip Code
BALTIMORE MD 21210

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78002

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City	State	Zip Code
BALTIMORE	MD	21210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-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
12	/	18	/	2015

Transaction ID : SA11AI.78003

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Regina Elizabeth Elkins

Mailing Address 706 GILMARYS ROAD

City	State	Zip Code
BALTIMORE	MD	21210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

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
12	/	31	/	2015

Transaction ID : SA11AI.78004

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTINE M. EMRICK

Mailing Address 2312 BLUE JAY DRIVE

City	State	Zip Code
NAZARETH	PA	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 ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78771

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)..... ►

40.00

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 375

(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 (Last, First, Middle Initial)

A. CHRISTINE M. EMRICK

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11Al.78772

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISTINE M. EMRICK

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78773

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHRISTINE M. EMRICK

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.78774

Amount of Each Receipt this Period

20.00

☐ Memo Item

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 90 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CHRISTINE M. EMRICK

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78775

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1644.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78224

Amount of Each Receipt this Period

92.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1724.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78225

Amount of Each Receipt this Period

79.96

☐ Memo Item

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

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

192.68

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 375

(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 (Last, First, Middle Initial)

A. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code
MORGANTOWN WV 26505

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1796.93

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.78226

Amount of Each Receipt this Period

72.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code
MORGANTOWN WV 26505

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1885.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78227

Amount of Each Receipt this Period

88.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code
MORGANTOWN WV 26505

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.59

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78228

Amount of Each Receipt this Period

76.23

☐ Memo Item

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

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

236.68

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CYNTHIA H FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78523

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CYNTHIA H FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78524

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CYNTHIA H FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78525

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)..... ►

60.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CYNTHIA H FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL MARKETING

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
12 / 18 / 2015

Transaction ID : SA11Al.78526

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CYNTHIA H FARLEY

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL MARKETING

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
12 / 31 / 2015

Transaction ID : SA11Al.78527

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sara Farmer

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

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 ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78941

Amount of Each Receipt this Period

37.00

☐ Memo Item

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

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

77.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sara Farmer

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

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 ▼

814.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78942

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sara Farmer

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

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 ▼

851.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78943

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sara Farmer

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

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 ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78944

Amount of Each Receipt this Period

37.00

☐ Memo Item

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

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

111.00

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

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

FOR LINE NUMBER: PAGE 95 OF 375

(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 (Last, First, Middle Initial)

A. Sara Farmer

Mailing Address 9035 VILLAGE

City State Zip Code
 ALBUQUERQUE NM 87122

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 ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.78945

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Farnan

Mailing Address 4 Spyglass Point

City State Zip Code
 Bedford NH 03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR REIMBURSEMENT

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
 11 06 2015

Transaction ID : SA11Al.78476

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Farnan

Mailing Address 4 Spyglass Point

City State Zip Code
 Bedford NH 03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR 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
 11 20 2015

Transaction ID : SA11Al.78477

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

67.00

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Thomas Farnan

Mailing Address 4 Spyglass Point

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-SR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78478

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Farnan

Mailing Address 4 Spyglass Point

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-SR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78479

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Farnan

Mailing Address 4 Spyglass Point

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
DIRECTOR-SR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78480

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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 97 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DEAN FEICK

Mailing Address 159 MERION LANE

City
READING

State Zip Code
PA 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.77823

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEAN FEICK

Mailing Address 159 MERION LANE

City
READING

State Zip Code
PA 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.77824

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEAN FEICK

Mailing Address 159 MERION LANE

City
READING

State Zip Code
PA 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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.77825

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 375
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 (Last, First, Middle Initial)

A. DEAN FEICK

Mailing Address 159 MERION LANE

City
READINGState Zip Code
PA 19607FEC 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 ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77826

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEAN FEICK

Mailing Address 159 MERION LANE

City
READINGState Zip Code
PA 19607FEC 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 ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77827

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City
PHEONIXState Zip Code
MD 21131FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATIONOccupation
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78170

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

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 375

☒ 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 (Last, First, Middle Initial)

A. RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City
PHEONIX

State Zip Code
MD 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 ▼

660.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78171

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City
PHEONIX

State Zip Code
MD 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 ▼

690.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78172

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City
PHEONIX

State Zip Code
MD 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 ▼

720.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78173

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD M FINK

Mailing Address 12 GREENTREE DRIVE

City
PHEONIX

State Zip Code
MD 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78174

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City
BETHESDA

State Zip Code
MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

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
11 / 06 / 2015

Transaction ID : SA11Al.78155

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City
BETHESDA

State Zip Code
MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78156

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

80.00

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

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

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(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 (Last, First, Middle Initial)

A. IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
 BETHESDA MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTH VENTURES, INC.

Occupation
 SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78157

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
 BETHESDA MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTH VENTURES, INC.

Occupation
 SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.78158

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRENE FLESHNER

Mailing Address 4613 ROXBURY DRIVE

City State Zip Code
 BETHESDA MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTH VENTURES, INC.

Occupation
 SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.78159

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Robert Furia

Mailing Address 131 CORNERSTONE DR

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11Al.78729

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Furia

Mailing Address 131 CORNERSTONE DR

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

PHYSICIAN

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
 11 / 20 / 2015

Transaction ID : SA11Al.78730

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Furia

Mailing Address 131 CORNERSTONE DR

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78731

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Robert Furia

Mailing Address 131 CORNERSTONE DR

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 PHYSICIAN

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
 12 / 18 / 2015

Transaction ID : SA11Al.78732

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Furia

Mailing Address 131 CORNERSTONE DR

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.78733

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Travis Giese

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code
 TWIN FALLS ID 83301

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015

Transaction ID : SA11Al.79091

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Travis Giese

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code
 TWIN FALLS ID 83301

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : SA11AI.79092

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Travis Giese

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code
 TWIN FALLS ID 83301

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.79093

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Travis Giese

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code
 TWIN FALLS ID 83301

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.79094

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Travis Giese

Mailing Address 2037 RIVERCREST DR APT 208

City

TWIN FALLS

State

ID

Zip Code

83301

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.79095

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catherine Golaszewski

Mailing Address 29 LOMURNO LANE

City

CAPE MAY COURT HOUSE

State

NJ

Zip Code

08210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

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
11 / 06 / 2015

Transaction ID : SA11AI.78536

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catherine Golaszewski

Mailing Address 29 LOMURNO LANE

City

CAPE MAY COURT HOUSE

State

NJ

Zip Code

08210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78537

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Catherine Golaszewski

Mailing Address 29 LOMURNO LANE

City State Zip Code
 CAPE MAY COURT HOUSE NJ 08210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

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
 12 / 04 / 2015

Transaction ID : SA11Al.78538

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catherine Golaszewski

Mailing Address 29 LOMURNO LANE

City State Zip Code
 CAPE MAY COURT HOUSE NJ 08210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

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
 12 / 18 / 2015

Transaction ID : SA11Al.78539

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catherine Golaszewski

Mailing Address 29 LOMURNO LANE

City State Zip Code
 CAPE MAY COURT HOUSE NJ 08210

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS RN

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
 12 / 31 / 2015

Transaction ID : SA11Al.78540

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 107 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City
GOSHEN

State Zip Code
KY 40026

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 ▼

1577.75

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.79011

Amount of Each Receipt this Period

71.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City
GOSHEN

State Zip Code
KY 40026

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 ▼

1649.17

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.79012

Amount of Each Receipt this Period

71.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City
GOSHEN

State Zip Code
KY 40026

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 ▼

1720.59

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.79013

Amount of Each Receipt this Period

71.42

☐ Memo Item

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

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

214.26

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

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

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(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 (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
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.79014

Amount of Each Receipt this Period

80.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.79015

Amount of Each Receipt this Period

71.42

☐ Memo Item

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
 GENESIS HEALTH VENTURES, INC.

Occupation
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.77853

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

186.47

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DENNIS GREGORY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.77854

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DENNIS GREGORY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77855

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DENNIS GREGORY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77856

Amount of Each Receipt this Period

35.00

☐ Memo Item**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 110 OF 375

(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 (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

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.77857

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARYLEE GROSSO

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.78015

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARYLEE GROSSO

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.78016

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)..... ►

75.00

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 111 OF 375

☒ 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 (Last, First, Middle Initial)

A. MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City
BOSTON

State
MA

Zip Code
02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78017

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City
BOSTON

State
MA

Zip Code
02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78018

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARYLEE GROSSO

Mailing Address 28 COMMONWEALTH AVENUE #4

City
BOSTON

State
MA

Zip Code
02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11Al.78019

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL P GUGLIELMO

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11Al.78685

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL P GUGLIELMO

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11Al.78686

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL P GUGLIELMO

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11Al.78687

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL P GUGLIELMO

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78688

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL P GUGLIELMO

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78689

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY L HADDON

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77906

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KATHY L HADDON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.77907

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATHY L HADDON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.77908

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY L HADDON

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.77909

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KATHY L HADDON

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.77910

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN HALSTED

Mailing Address 350 CALVERT CIRCLE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78074

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAREN HALSTED

Mailing Address 350 CALVERT CIRCLE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

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
11 / 20 / 2015

Transaction ID : SA11Al.78075

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KAREN HALSTED

Mailing Address 350 CALVERT CIRCLE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78076

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN HALSTED

Mailing Address 350 CALVERT CIRCLE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

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
12	/	18	/	2015

Transaction ID : SA11Al.78077

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAREN HALSTED

Mailing Address 350 CALVERT CIRCLE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

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
12	/	31	/	2015

Transaction ID : SA11Al.78078

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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)

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☒ 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 (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 ▼

700.00

Date of Receipt

11 / 13 / 2015

Transaction ID : SA11AI.78422

Amount of Each Receipt this Period

35.00

☐ Memo Item

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 ▼

735.00

Date of Receipt

11 / 27 / 2015

Transaction ID : SA11AI.78423

Amount of Each Receipt this Period

35.00

☐ Memo Item

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 ▼

770.00

Date of Receipt

12 / 11 / 2015

Transaction ID : SA11AI.78424

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

105.00

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 375

(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 (Last, First, Middle Initial)

A. Robert Harris

Mailing Address 56 Covington Drive

City State Zip Code
 Shrewsbury PA 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 ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : SA11AI.78425

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

VP 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
 11 / 06 / 2015

Transaction ID : SA11AI.78292

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. 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

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
 11 / 20 / 2015

Transaction ID : SA11AI.78293

Amount of Each Receipt this Period

20.00

☐ Memo Item

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Wm. Craig Harris

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 ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78294

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wm. Craig Harris

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 ▼

480.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78295

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Wm. Craig Harris

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 ▼

500.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78296

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)..... ►

60.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DENINE HASTINGS

Mailing Address 7 FOX RUN DR

City

BELCHERTOWN

State

MA

Zip Code

01007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSMNT SVS GROUP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.77926

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DENINE HASTINGS

Mailing Address 7 FOX RUN DR

City

BELCHERTOWN

State

MA

Zip Code

01007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSMNT SVS GROUP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.77927

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DENINE HASTINGS

Mailing Address 7 FOX RUN DR

City

BELCHERTOWN

State

MA

Zip Code

01007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSMNT SVS GROUP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.77928

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DENINE HASTINGS

Mailing Address 7 FOX RUN DR

City

BELCHERTOWN

State

MA

Zip Code

01007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSMNT SVS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11Al.77929

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DENINE HASTINGS

Mailing Address 7 FOX RUN DR

City

BELCHERTOWN

State

MA

Zip Code

01007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSMNT SVS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11Al.77930

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Hauswald

Mailing Address 131 W. SPRINGFIELD AVE

City

PHILADELPHIA

State

PA

Zip Code

19118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP STRATEGIC DEVELOP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78263

Amount of Each Receipt this Period

38.50

☐ Memo Item

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

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

58.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Barbara Hauswald

Mailing Address 131 W. SPRINGFIELD AVE

City

PHILADELPHIA

State

PA

Zip Code

19118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP STRATEGIC DEVELOP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11AI.78264

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Hauswald

Mailing Address 131 W. SPRINGFIELD AVE

City

PHILADELPHIA

State

PA

Zip Code

19118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP STRATEGIC DEVELOP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

885.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11AI.78265

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Hauswald

Mailing Address 131 W. SPRINGFIELD AVE

City

PHILADELPHIA

State

PA

Zip Code

19118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP STRATEGIC DEVELOP

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11AI.78266

Amount of Each Receipt this Period

38.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

115.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 375
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 (Last, First, Middle Initial)

A. Barbara Hauswald

Mailing Address 131 W. SPRINGFIELD AVE

City	State	Zip Code
PHILADELPHIA	PA	19118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP STRATEGIC DEVELOP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78267

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78340

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

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
11	/	20	/	2015

Transaction ID : SA11AI.78341

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

188.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. 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

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78342

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

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
12	/	18	/	2015

Transaction ID : SA11AI.78343

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78344

Amount of Each Receipt this Period

75.00

☐ Memo Item

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Suzannah Herring

Mailing Address 2400 FM 3081

City

WILLIS

State

TX

Zip Code

77378

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78936

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Suzannah Herring

Mailing Address 2400 FM 3081

City

WILLIS

State

TX

Zip Code

77378

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

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
11 / 20 / 2015

Transaction ID : SA11Al.78937

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Suzannah Herring

Mailing Address 2400 FM 3081

City

WILLIS

State

TX

Zip Code

77378

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78938

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 126 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Suzannah Herring

Mailing Address 2400 FM 3081

City
WILLIS

State
TX

Zip Code
77378

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78939

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Suzannah Herring

Mailing Address 2400 FM 3081

City
WILLIS

State
TX

Zip Code
77378

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78940

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godfrey Hilado

Mailing Address 73 CREEK BLUFF WAY

City
ORMOND BEACH

State
FL

Zip Code
32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.78397

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

35.00

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 375

(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 (Last, First, Middle Initial)

A. Godfrey Hilado

Mailing Address 73 CREEK BLUFF WAY

City State Zip Code
 ORMOND BEACH FL 32174

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

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
 11 / 20 / 2015

Transaction ID : SA11AI.78398

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Godfrey Hilado

Mailing Address 73 CREEK BLUFF WAY

City State Zip Code
 ORMOND BEACH FL 32174

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.78399

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Godfrey Hilado

Mailing Address 73 CREEK BLUFF WAY

City State Zip Code
 ORMOND BEACH FL 32174

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

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
 12 / 18 / 2015

Transaction ID : SA11AI.78400

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Godfrey Hilado

Mailing Address 73 CREEK BLUFF WAY

City

ORMOND BEACH

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.78401

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City

BRUCETON MILLS

State

WV

Zip Code

26525

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

Transaction ID : SA11AI.77901

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City

BRUCETON MILLS

State

WV

Zip Code

26525

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			20			2015					

Transaction ID : SA11AI.77902

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

35.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City

BRUCETON MILLS

State

WV

Zip Code

26525

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.77903

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City

BRUCETON MILLS

State

WV

Zip Code

26525

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.77904

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURA E HILLENBRAND

Mailing Address 767 PISGAH ROAD

City

BRUCETON MILLS

State

WV

Zip Code

26525

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.77905

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78646

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.78647

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78648

Amount of Each Receipt this Period

150.00

☐ Memo Item**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 131 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City
TIMONIUM

State Zip Code
MD 21093

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 ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78649

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City
TIMONIUM

State Zip Code
MD 21093

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 ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78650

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Hoch

Mailing Address 237 BIEBER MILL RD

City
OLEY

State Zip Code
PA 19547

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78471

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

310.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Robert Hoch

Mailing Address 237 BIEBER MILL RD

City
OLEY

State
PA

Zip Code
19547

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

11 / 20 / 2015

Transaction ID : SA11Al.78472

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Hoch

Mailing Address 237 BIEBER MILL RD

City
OLEY

State
PA

Zip Code
19547

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 ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78473

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert Hoch

Mailing Address 237 BIEBER MILL RD

City
OLEY

State
PA

Zip Code
19547

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 ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78474

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 133 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Robert Hoch

Mailing Address 237 BIEBER MILL RD

City
OLEY

State
PA

Zip Code
19547

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78475

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NATALIE P HOLLAND

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 ▼

388.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.77981

Amount of Each Receipt this Period

18.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATALIE P HOLLAND

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 ▼

407.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.77982

Amount of Each Receipt this Period

18.50

☐ Memo Item

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

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

47.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. NATALIE P HOLLAND

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

425.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.77983

Amount of Each Receipt this Period

18.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NATALIE P HOLLAND

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.77984

Amount of Each Receipt this Period

18.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATALIE P HOLLAND

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

462.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77985

Amount of Each Receipt this Period

18.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

55.50

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:
(check only one)

PAGE 135 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Barbara Hoover

Mailing Address 121 Bridle Trail

City State Zip Code
 Venetia PA 15367

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : SA11AI.78095

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Hoover

Mailing Address 121 Bridle Trail

City State Zip Code
 Venetia PA 15367

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA (REHAB SVS)

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
 12 / 11 / 2015

Transaction ID : SA11AI.78096

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara Hoover

Mailing Address 121 Bridle Trail

City State Zip Code
 Venetia PA 15367

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA (REHAB SVS)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : SA11AI.78097

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 136 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City
LEXINGTON

State Zip Code
NC 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 ▼

1539.37

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78991

Amount of Each Receipt this Period

69.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City
LEXINGTON

State Zip Code
NC 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 ▼

1609.11

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78992

Amount of Each Receipt this Period

69.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City
LEXINGTON

State Zip Code
NC 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 ▼

1678.85

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78993

Amount of Each Receipt this Period

69.74

☐ Memo Item

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

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

209.22

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 375

(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 (Last, First, Middle Initial)

A. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City State Zip Code
 LEXINGTON NC 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 ▼

1748.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : SA11Al.78994

Amount of Each Receipt this Period

69.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City State Zip Code
 LEXINGTON NC 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 ▼

1867.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.78995

Amount of Each Receipt this Period

118.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAMELA M HUENKE

Mailing Address 2719 FOSTER AVENUE

City State Zip Code
 BALTIMORE MD 21224

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 06 2015

Transaction ID : SA11Al.78180

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

198.36

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAMELA M HUENKE

Mailing Address 2719 FOSTER AVENUE

City

BALTIMORE

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78181

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAMELA M HUENKE

Mailing Address 2719 FOSTER AVENUE

City

BALTIMORE

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78182

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAMELA M HUENKE

Mailing Address 2719 FOSTER AVENUE

City

BALTIMORE

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78183

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAMELA M HUENKE

Mailing Address 2719 FOSTER AVENUE

City
BALTIMOREState Zip Code
MD 21224FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-HUMAN RESOURCES REGNL

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
12	/	31	/	2015

Transaction ID : SA11Al.78184

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHAYNE M. HUTCHINSON

Mailing Address 123 BARRINGTON DRIVE

City
SCOTT DEPOTState Zip Code
WV 25560FEC 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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78681

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHAYNE M. HUTCHINSON

Mailing Address 123 BARRINGTON DRIVE

City
SCOTT DEPOTState Zip Code
WV 25560FEC 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
12	/	04	/	2015

Transaction ID : SA11Al.78682

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. SHAYNE M. HUTCHINSON

Mailing Address 123 BARRINGTON DRIVE

City

SCOTT DEPOT

State

WV

Zip Code

25560

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 ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78683

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHAYNE M. HUTCHINSON

Mailing Address 123 BARRINGTON DRIVE

City

SCOTT DEPOT

State

WV

Zip Code

25560

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	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78684

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM E JERVIS

Mailing Address 10 KIRKCALDY DRIVE

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 INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77848

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM E JERVIS

Mailing Address 10 KIRKCALDY DRIVE

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 INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			20			2015					

Transaction ID : SA11Al.77849

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM E JERVIS

Mailing Address 10 KIRKCALDY DRIVE

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 INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : SA11Al.77850

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM E JERVIS

Mailing Address 10 KIRKCALDY DRIVE

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 INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2015					

Transaction ID : SA11Al.77851

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM E JERVIS

Mailing Address 10 KIRKCALDY DRIVE

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 INTERNAL AUDIT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.77852

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REGINA R JONES

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11AI.77863

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REGINA R JONES

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2015			

Transaction ID : SA11AI.77864

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.77865

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

430.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2015

Transaction ID : SA11AI.77866

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.77867

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 144 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.77868

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77869

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

470.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11Al.77870

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. REGINA R JONES

Mailing Address 2 WEATHERLY AVENUE

City
NEWPORTState Zip Code
RI 02840FEC 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 ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77871

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Kalman

Mailing Address 471 LARCH AVENUE

City
BOGOTAState Zip Code
NJ 07603FEC 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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : SA11AI.78792

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Kalman

Mailing Address 471 LARCH AVENUE

City
BOGOTAState Zip Code
NJ 07603FEC 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 M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.78793

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 146 OF 375

☒ 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 (Last, First, Middle Initial)

A. Mary Kalman

Mailing Address 471 LARCH AVENUE

City
BOGOTA

State
NJ

Zip Code
07603

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SA11Al.78794

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Kelley

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78297

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Thomas Kelley

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78298

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)..... ►

50.00

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 375
(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 (Last, First, Middle Initial)

A. Thomas Kelley

Mailing Address 804 FORESTBROOK DRIVE

City State Zip Code
HURRICANE WV 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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.78299

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Kelley

Mailing Address 804 FORESTBROOK DRIVE

City State Zip Code
HURRICANE WV 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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78300

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Kelley

Mailing Address 804 FORESTBROOK DRIVE

City State Zip Code
HURRICANE WV 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78301

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Shannon Kellogg

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

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 ▼

744.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

Transaction ID : SA11AI.78837

Amount of Each Receipt this Period

37.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shannon Kellogg

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

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 ▼

781.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : SA11AI.78838

Amount of Each Receipt this Period

37.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shannon Kellogg

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

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 ▼

820.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.78839

Amount of Each Receipt this Period

38.63

☐ Memo Item

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

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

112.71

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Shannon Kellogg

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

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 ▼

857.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11Al.78840

Amount of Each Receipt this Period

37.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City	State	Zip Code
THORNTON	PA	19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.77784

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City	State	Zip Code
THORNTON	PA	19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.77785

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

337.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City
THORNTONState
PAZip Code
19373FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77786

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City
THORNTONState
PAZip Code
19373FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77787

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City
THORNTONState
PAZip Code
19373FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77788

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mark Kilmer

Mailing Address 4529 ERIE STREET

City

RACINE

State

WI

Zip Code

53402

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SA11Al.78913

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Kilmer

Mailing Address 4529 ERIE STREET

City

RACINE

State

WI

Zip Code

53402

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB 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
12 / 11 / 2015

Transaction ID : SA11Al.78914

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Kilmer

Mailing Address 4529 ERIE STREET

City

RACINE

State

WI

Zip Code

53402

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SA11Al.78915

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD S KINCAID

Mailing Address 2903 CORNUS WAY

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77779

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD S KINCAID

Mailing Address 2903 CORNUS WAY

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.77780

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD S KINCAID

Mailing Address 2903 CORNUS WAY

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.77781

Amount of Each Receipt this Period

10.00

☐ Memo Item**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 153 OF 375

(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 (Last, First, Middle Initial)

A. RICHARD S KINCAID

Mailing Address 2903 CORNUS WAY

City State Zip Code
 JOPPA MD 21085

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
 12 / 18 / 2015

Transaction ID : SA11AI.77782

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD S KINCAID

Mailing Address 2903 CORNUS WAY

City State Zip Code
 JOPPA MD 21085

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.77783

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Trevor Kinney

Mailing Address 825 SWAMP RD.

City State Zip Code
 COVENTRY CT 06238

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 ▼

1367.44

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.78190

Amount of Each Receipt this Period

67.41

☐ Memo Item

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

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

87.41

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 375

(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 (Last, First, Middle Initial)

A. Trevor Kinney

Mailing Address 825 SWAMP RD.

City State Zip Code
 COVENTRY CT 06238

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 ▼

1433.30

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78191

Amount of Each Receipt this Period

65.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trevor Kinney

Mailing Address 825 SWAMP RD.

City State Zip Code
 COVENTRY CT 06238

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 ▼

1496.43

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78192

Amount of Each Receipt this Period

63.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Trevor Kinney

Mailing Address 825 SWAMP RD.

City State Zip Code
 COVENTRY CT 06238

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 ▼

1565.46

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78193

Amount of Each Receipt this Period

69.03

☐ Memo Item

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

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

198.02

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 155 OF 375

☒ 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 (Last, First, Middle Initial)

A. Trevor Kinney

Mailing Address 825 SWAMP RD.

City
COVENTRY

State Zip Code
CT 06238

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 ▼

1628.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78194

Amount of Each Receipt this Period

63.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dale Kirry

Mailing Address 12910 50TH PL W

City
MUKILTEO

State Zip Code
WA 98275

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78892

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dale Kirry

Mailing Address 12910 50TH PL W

City
MUKILTEO

State Zip Code
WA 98275

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

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
11 / 20 / 2015

Transaction ID : SA11AI.78893

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

83.13

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 156 OF 375

☒ 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 (Last, First, Middle Initial)

A. Dale Kirry

Mailing Address 12910 50TH PL W

City

MUKILTEO

State

WA

Zip Code

98275

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78894

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dale Kirry

Mailing Address 12910 50TH PL W

City

MUKILTEO

State

WA

Zip Code

98275

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78895

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dale Kirry

Mailing Address 12910 50TH PL W

City

MUKILTEO

State

WA

Zip Code

98275

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78896

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. SHERRIE L KNASTER

Mailing Address 2414 OVERLOOK DRIVE

City

GILBERTSVILLE

State

PA

Zip Code

19525

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA REHAB SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2015			

Transaction ID : SA11Al.78114

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHERRIE L KNASTER

Mailing Address 2414 OVERLOOK DRIVE

City

GILBERTSVILLE

State

PA

Zip Code

19525

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA REHAB SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

Transaction ID : SA11Al.78115

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHERRIE L KNASTER

Mailing Address 2414 OVERLOOK DRIVE

City

GILBERTSVILLE

State

PA

Zip Code

19525

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA REHAB SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2015			

Transaction ID : SA11Al.78116

Amount of Each Receipt this Period

10.00

☐ Memo Item**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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ERIN KNOEPFEL

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78584

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ERIN KNOEPFEL

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78585

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ERIN KNOEPFEL

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78586

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ERIN KNOEPFEL

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78587

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ERIN KNOEPFEL

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78588

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City	State	Zip Code
HARLEYSVILLE	PA	19438

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 ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78150

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City	State	Zip Code
HARLEYSVILLE	PA	19438

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78151

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City	State	Zip Code
HARLEYSVILLE	PA	19438

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 ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78152

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City	State	Zip Code
HARLEYSVILLE	PA	19438

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78153

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JANICE KOLESKY

Mailing Address 530 FREEMAN SCHOOL RD

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78154

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Anne Kurowski

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78160

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Anne Kurowski

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78161

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City
THORNTON

State Zip Code
PA 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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78162

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City
THORNTON

State Zip Code
PA 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78163

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City
THORNTON

State Zip Code
PA 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78164

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUAState
NHZip Code
03062FEC 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 ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78287

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUAState
NHZip Code
03062FEC 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 ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.78288

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUAState
NHZip Code
03062FEC 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 ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78289

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

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 164 OF 375

☒ 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 (Last, First, Middle Initial)

A. WENDY LABATE

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 ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78290

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WENDY LABATE

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78291

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Jo Ladish

Mailing Address P.O. BOX 343

City
HOMETOWN

State
WV

Zip Code
25109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.79001

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

210.00

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)

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☒ 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 (Last, First, Middle Initial)

A. Mary Jo Ladish

Mailing Address P.O. BOX 343

City
HOMETOWN

State Zip Code
WV 25109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.79002

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Jo Ladish

Mailing Address P.O. BOX 343

City
HOMETOWN

State Zip Code
WV 25109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.79003

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Jo Ladish

Mailing Address P.O. BOX 343

City
HOMETOWN

State Zip Code
WV 25109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.79004

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 166 OF 375
(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 (Last, First, Middle Initial)

A. Mary Jo Ladish

Mailing Address P.O. BOX 343

City
HOMETOWN

State Zip Code
WV 25109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR HUMAN RESOURCES

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
12 / 31 / 2015

Transaction ID : SA11AI.79005

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City
WAYNE

State Zip Code
PA 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 ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78407

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City
WAYNE

State Zip Code
PA 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 ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78408

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

210.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 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 ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78409

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 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 ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78410

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code
WAYNE PA 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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78411

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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 168 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mary Langford

Mailing Address 8317 HIGH SCHOOL RD

City

ELKINS PARK

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-AREA CLIN PRACTICE GPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78766

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Langford

Mailing Address 8317 HIGH SCHOOL RD

City

ELKINS PARK

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-AREA CLIN PRACTICE GPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78767

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mary Langford

Mailing Address 8317 HIGH SCHOOL RD

City

ELKINS PARK

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-AREA CLIN PRACTICE GPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78768

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mary Langford

Mailing Address 8317 HIGH SCHOOL RD

City

ELKINS PARK

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-AREA CLIN PRACTICE GPS

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
12 / 18 / 2015

Transaction ID : SA11Al.78769

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Langford

Mailing Address 8317 HIGH SCHOOL RD

City

ELKINS PARK

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-AREA CLIN PRACTICE GPS

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
12 / 31 / 2015

Transaction ID : SA11Al.78770

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78375

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)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

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 ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			20			2015					

Transaction ID : SA11Al.78376

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

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 ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : SA11Al.78377

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

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 ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2015					

Transaction ID : SA11Al.78378

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)..... ►

60.00

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

Use separate schedule(s)
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(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 (Last, First, Middle Initial)

A. MARK W LATHAM

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78379

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

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
11 / 06 / 2015

Transaction ID : SA11AI.78059

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

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
11 / 20 / 2015

Transaction ID : SA11AI.78060

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

50.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78061

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

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
12 / 18 / 2015

Transaction ID : SA11Al.78062

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TONI LEGGORE

Mailing Address 3807 BAKER AVENUE

City

ABINGDON

State

MD

Zip Code

21009

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78063

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DONNA LESLIE

Mailing Address 118 DEER VALLEY

City
HURRICANEState
WVZip Code
25526FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78175

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DONNA LESLIE

Mailing Address 118 DEER VALLEY

City
HURRICANEState
WVZip Code
25526FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.78176

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DONNA LESLIE

Mailing Address 118 DEER VALLEY

City
HURRICANEState
WVZip Code
25526FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78177

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

37.50

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 174 OF 375

(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 (Last, First, Middle Initial)

A. DONNA LESLIE

Mailing Address 118 DEER VALLEY

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.78178

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DONNA LESLIE

Mailing Address 118 DEER VALLEY

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.78179

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BRUCE R LEVIN

Mailing Address 9440 GULLEY'S COVE LANE

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : SA11Al.77776

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

35.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. BRUCE R LEVIN

Mailing Address 9440 GULLEY'S COVE LANE

City
EASTONState Zip Code
MD 21601FEC 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	/	D D	/	Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.77777

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRUCE R LEVIN

Mailing Address 9440 GULLEY'S COVE LANE

City
EASTONState Zip Code
MD 21601FEC 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 ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11Al.77778

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Lin

Mailing Address 14 WESTMONT RD

City
WETHERSFIELDState Zip Code
CT 06109FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II NON-CLIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78907

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 176 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Susan Lin

Mailing Address 14 WESTMONT RD

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II NON-CLIN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.78908

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Susan Lin

Mailing Address 14 WESTMONT RD

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II NON-CLIN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.78909

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Lin

Mailing Address 14 WESTMONT RD

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II NON-CLIN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.78910

Amount of Each Receipt this Period

10.00

☐ Memo Item**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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Susan Lin

Mailing Address 14 WESTMONT RD

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II NON-CLIN

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
12 / 31 / 2015

Transaction ID : SA11Al.78911

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78560

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78561

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

110.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City
WASHINGTON

State Zip Code
DC 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 ▼

1150.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78562

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City
WASHINGTON

State Zip Code
DC 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 ▼

1200.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78563

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City
WASHINGTON

State Zip Code
DC 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 ▼

1250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78564

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

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 ▼

1050.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.77936

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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 ▼

1100.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.77937

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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 ▼

1150.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.77938

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SA11Al.77939

Amount of Each Receipt this Period

50.00

☐ Memo Item

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 ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.77940

Amount of Each Receipt this Period

50.00

☐ Memo Item

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 ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	5		

Transaction ID : SA11Al.78098

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City
LANCASTERState Zip Code
PA 17601FEC 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 ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78099

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City
LANCASTERState Zip Code
PA 17601FEC 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 ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78100

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City
LANCASTERState Zip Code
PA 17601FEC 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 ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78101

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City
LANCASTER

State Zip Code
PA 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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78102

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City
ELWOOD

State Zip Code
NJ 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78436

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City
ELWOOD

State Zip Code
NJ 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78437

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)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 183 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City
ELWOODState
NJZip Code
08217FEC 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 ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78438

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City
ELWOODState
NJZip Code
08217FEC 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 ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78439

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREGORY MARKS

Mailing Address 700 ELWOOD ROAD

City
ELWOODState
NJZip Code
08217FEC 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 ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78440

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City	State	Zip Code
OAKLAND	MD	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 ▼

3150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.77886

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City	State	Zip Code
OAKLAND	MD	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 ▼

3300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.77887

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City	State	Zip Code
OAKLAND	MD	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 ▼

3450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77888

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City	State	Zip Code
OAKLAND	MD	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 ▼

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.77889

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City	State	Zip Code
OAKLAND	MD	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 ▼

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77890

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elena Masse

Mailing Address 10319 SANDY RIDGE RD SW

City	State	Zip Code
ALBUQUERQUE	NM	87121

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-LABOR

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
11	/	06	/	2015

Transaction ID : SA11AI.79061

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

310.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Elena Masse

Mailing Address 10319 SANDY RIDGE RD SW

City State Zip Code
 ALBUQUERQUE NM 87121

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-LABOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.79062

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elena Masse

Mailing Address 10319 SANDY RIDGE RD SW

City State Zip Code
 ALBUQUERQUE NM 87121

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-LABOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.79063

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elena Masse

Mailing Address 10319 SANDY RIDGE RD SW

City State Zip Code
 ALBUQUERQUE NM 87121

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-LABOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.79064

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Elena Masse

Mailing Address 10319 SANDY RIDGE RD SW

City	State	Zip Code
ALBUQUERQUE	NM	87121

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-LABOR

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
12	/	31	/	2015

Transaction ID : SA11AI.79065

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City	State	Zip Code
BOISE	ID	83713

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 ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.79041

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City	State	Zip Code
BOISE	ID	83713

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 ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.79042

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

110.00

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 188 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City
BOISE

State Zip Code
ID 83713

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.79043

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City
BOISE

State Zip Code
ID 83713

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.79044

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City
BOISE

State Zip Code
ID 83713

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.79045

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LOIS MCCASKEY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1	/	0	6	/	2	0	1	5		

Transaction ID : SA11Al.77799

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LOIS MCCASKEY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1	/	2	0	/	2	0	1	5		

Transaction ID : SA11Al.77800

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOIS MCCASKEY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	4	/	2	0	1	5		

Transaction ID : SA11Al.77801

Amount of Each Receipt this Period

50.00

☐ Memo Item**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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LOIS MCCASKEY

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.77802

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LOIS MCCASKEY

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.77803

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Angela McCord

Mailing Address 1616 QUAIL MEADOWS DRIVE

City

LANCASTER

State

OH

Zip Code

43130

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78986

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

140.00

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 191 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Angela McCord

Mailing Address 1616 QUAIL MEADOWS DRIVE

City

LANCASTER

State

OH

Zip Code

43130

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 ▼

880.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78987

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angela McCord

Mailing Address 1616 QUAIL MEADOWS DRIVE

City

LANCASTER

State

OH

Zip Code

43130

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 ▼

920.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78988

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angela McCord

Mailing Address 1616 QUAIL MEADOWS DRIVE

City

LANCASTER

State

OH

Zip Code

43130

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 ▼

960.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78989

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Angela McCord

Mailing Address 1616 QUAIL MEADOWS DRIVE

City
LANCASTERState Zip Code
OH 43130FEC 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78990

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City
CHADDS FORDState Zip Code
PA 19317FEC 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 ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.77941

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City
CHADDS FORDState Zip Code
PA 19317FEC 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 ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.77942

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LAURA T MCGINTY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.77943

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURA T MCGINTY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.77944

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURA T MCGINTY

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.77945

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. John McKenna

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.79016

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John McKenna

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.79017

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John McKenna

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

885.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.79018

Amount of Each Receipt this Period

38.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

115.50

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:
(check only one)

PAGE 195 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. John McKenna

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.79019

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John McKenna

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.79020

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alicia McQuain

Mailing Address 7703B OAKHILL RD

City

NORTH ROYALTON

State

OH

Zip Code

44133

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11Al.79096

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)..... ►

97.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Alicia McQuain

Mailing Address 7703B OAKHILL RD

City

NORTH ROYALTON

State

OH

Zip Code

44133

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 27 / 2015

Transaction ID : SA11Al.79097

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alicia McQuain

Mailing Address 7703B OAKHILL RD

City

NORTH ROYALTON

State

OH

Zip Code

44133

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

12 / 11 / 2015

Transaction ID : SA11Al.79098

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alicia McQuain

Mailing Address 7703B OAKHILL RD

City

NORTH ROYALTON

State

OH

Zip Code

44133

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

12 / 24 / 2015

Transaction ID : SA11Al.79099

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM T MERRILL

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.77843

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM T MERRILL

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.77844

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM T MERRILL

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77845

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 198 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM T MERRILL

Mailing Address 225 TUDOR DRIVE

City
NORTH WALESState Zip Code
PA 19454FEC 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 ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77846

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM T MERRILL

Mailing Address 225 TUDOR DRIVE

City
NORTH WALESState Zip Code
PA 19454FEC 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 ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77847

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael MeyerMailing Address 4041 VIA MARISOL
APT 102City
LOS ANGELESState Zip Code
CA 90042FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

Transaction ID : SA11Al.78817

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

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

86.15

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 199 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City State Zip Code
LOS ANGELES CA 90042

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.71

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SA11Al.78818

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City State Zip Code
LOS ANGELES CA 90042

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1159.43

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11Al.78819

Amount of Each Receipt this Period

74.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City State Zip Code
LOS ANGELES CA 90042

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1226.56

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11Al.78820

Amount of Each Receipt this Period

67.13

☐ Memo Item

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

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

188.00

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 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City State Zip Code
LOS ANGELES CA 90042

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1272.71

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11Al.78821

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter Middlemass

Mailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City State Zip Code
WINDHAM NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78795

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Peter Middlemass

Mailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City State Zip Code
WINDHAM NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78796

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

126.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 201 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Peter MiddlemassMailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City	State	Zip Code
WINDHAM	NH	03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78797

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter MiddlemassMailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City	State	Zip Code
WINDHAM	NH	03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS DEVELOPMENT

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
12	/	18	/	2015

Transaction ID : SA11Al.78798

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Peter MiddlemassMailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City	State	Zip Code
WINDHAM	NH	03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78799

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City	State	Zip Code
KNOXVILLE	TN	37918

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 ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78846

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City	State	Zip Code
KNOXVILLE	TN	37918

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 ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78847

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City	State	Zip Code
KNOXVILLE	TN	37918

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 ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78848

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)..... ►

60.00

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)

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☒ 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 (Last, First, Middle Initial)

A. Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City

KNOXVILLE

State

TN

Zip Code

37918

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78849

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rebecca Mills

Mailing Address 7001 LEGEND OAKS LN

City

KNOXVILLE

State

TN

Zip Code

37918

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78850

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Milne

Mailing Address 11633 HEAVYTREE CT

City

GOLD RIVER

State

CA

Zip Code

95670

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78926

Amount of Each Receipt this Period

20.00

☐ Memo Item

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Milne

Mailing Address 11633 HEAVYTREE CT

City
GOLD RIVER

State Zip Code
CA 95670

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78927

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Milne

Mailing Address 11633 HEAVYTREE CT

City
GOLD RIVER

State Zip Code
CA 95670

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78928

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Milne

Mailing Address 11633 HEAVYTREE CT

City
GOLD RIVER

State Zip Code
CA 95670

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78929

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 205 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Milne

Mailing Address 11633 HEAVYTREE CT

City
GOLD RIVERState Zip Code
CA 95670FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.78930

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cassie Mistretta

Mailing Address 8405 NUGGET DR

City
MOBILEState Zip Code
AL 36695FEC 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 ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11AI.79026

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cassie Mistretta

Mailing Address 8405 NUGGET DR

City
MOBILEState Zip Code
AL 36695FEC 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 ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11AI.79027

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 206 OF 375

(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 (Last, First, Middle Initial)

A. Cassie Mistretta

Mailing Address 8405 NUGGET DR

City State Zip Code
MOBILE AL 36695

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.79028

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cassie Mistretta

Mailing Address 8405 NUGGET DR

City State Zip Code
MOBILE AL 36695

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.79029

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cassie Mistretta

Mailing Address 8405 NUGGET DR

City State Zip Code
MOBILE AL 36695

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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.79030

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 207 OF 375
(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 (Last, First, Middle Initial)

A. ANTHONY P MOLLIKA

Mailing Address 74 MONROE DR.

City

RUSSELL

State

KY

Zip Code

41169

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SA11AI.78600

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANTHONY P MOLLIKA

Mailing Address 74 MONROE DR.

City

RUSSELL

State

KY

Zip Code

41169

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
12 / 11 / 2015

Transaction ID : SA11AI.78601

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANTHONY P MOLLIKA

Mailing Address 74 MONROE DR.

City

RUSSELL

State

KY

Zip Code

41169

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SA11AI.78602

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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)

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☒ 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 (Last, First, Middle Initial)

A. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

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 ▼

1050.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78594

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

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 ▼

1100.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78595

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

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 ▼

1150.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78596

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 209 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78597

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City

AUDUBON

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78598

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY A MOORE

Mailing Address 7958 CHURCH ROAD

City

FELTON

State

PA

Zip Code

17322

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CREATIVE SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78636

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

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 210 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY A MOORE

Mailing Address 7958 CHURCH ROAD

City

FELTON

State

PA

Zip Code

17322

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CREATIVE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78637

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY A MOORE

Mailing Address 7958 CHURCH ROAD

City

FELTON

State

PA

Zip Code

17322

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CREATIVE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78638

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY A MOORE

Mailing Address 7958 CHURCH ROAD

City

FELTON

State

PA

Zip Code

17322

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CREATIVE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78639

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY A MOORE

Mailing Address 7958 CHURCH ROAD

City
FELTONState
PAZip Code
17322FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CREATIVE SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11Al.78640

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Morris

Mailing Address 2025 Kater Street

City
PhiladelphiaState
PAZip Code
19146FEC 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 ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.77789

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diane Morris

Mailing Address 2025 Kater Street

City
PhiladelphiaState
PAZip Code
19146FEC 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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.77790

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Diane Morris

Mailing Address 2025 Kater Street

City

Philadelphia

State

PA

Zip Code

19146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.77791

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Morris

Mailing Address 2025 Kater Street

City

Philadelphia

State

PA

Zip Code

19146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.77792

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diane Morris

Mailing Address 2025 Kater Street

City

Philadelphia

State

PA

Zip Code

19146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.77793

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Morris

Mailing Address 3843 PROVIDENCE ROAD

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MGR-BUSINESS PLNG STRATEGY DEV

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
1	1	1		0	6			2	0	1	5		

Transaction ID : SA11Al.78724

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Morris

Mailing Address 3843 PROVIDENCE ROAD

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MGR-BUSINESS PLNG STRATEGY DEV

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
1	1	1		2	0			2	0	1	5		

Transaction ID : SA11Al.78725

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Morris

Mailing Address 3843 PROVIDENCE ROAD

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MGR-BUSINESS PLNG STRATEGY DEV

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
1	2			0	4			2	0	1	5		

Transaction ID : SA11Al.78726

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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 214 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michael Morris

Mailing Address 3843 PROVIDENCE ROAD

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MGR-BUSINESS PLNG STRATEGY DEV

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
 12 / 18 / 2015

Transaction ID : SA11Al.78727

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Morris

Mailing Address 3843 PROVIDENCE ROAD

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MGR-BUSINESS PLNG STRATEGY DEV

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
 12 / 31 / 2015

Transaction ID : SA11Al.78728

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NANCY A MORRISON

Mailing Address 4 CONCORD WAY

City State Zip Code
 CHADDS FORD PA 19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11Al.78054

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 215 OF 375

(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 (Last, First, Middle Initial)

A. NANCY A MORRISON

Mailing Address 4 CONCORD WAY

City State Zip Code
 CHADDS FORD PA 19317

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11Al.78055

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NANCY A MORRISON

Mailing Address 4 CONCORD WAY

City State Zip Code
 CHADDS FORD PA 19317

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78056

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NANCY A MORRISON

Mailing Address 4 CONCORD WAY

City State Zip Code
 CHADDS FORD PA 19317

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.78057

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 216 OF 375

(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 (Last, First, Middle Initial)

A. NANCY A MORRISON

Mailing Address 4 CONCORD WAY

City	State	Zip Code
CHADDS FORD	PA	19317

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12		/	31		/	2015			

Transaction ID : SA11AI.78058

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City	State	Zip Code
WESLEY CHAPEL	FL	33544

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11		/	06		/	2015			

Transaction ID : SA11AI.78996

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City	State	Zip Code
WESLEY CHAPEL	FL	33544

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11		/	20		/	2015			

Transaction ID : SA11AI.78997

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

160.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City	State	Zip Code
WESLEY CHAPEL	FL	33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78998

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City	State	Zip Code
WESLEY CHAPEL	FL	33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78999

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City	State	Zip Code
WESLEY CHAPEL	FL	33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.79000

Amount of Each Receipt this Period

75.00

☐ Memo Item

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: PAGE 218 OF 375

(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 (Last, First, Middle Initial)

A. Jeffrey Mullins

Mailing Address 116 SUMMIT RIDGE RD

City
WHITE HALL

State Zip Code
WV 26554

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78626

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Mullins

Mailing Address 116 SUMMIT RIDGE RD

City
WHITE HALL

State Zip Code
WV 26554

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78627

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Mullins

Mailing Address 116 SUMMIT RIDGE RD

City
WHITE HALL

State Zip Code
WV 26554

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78628

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Mullins

Mailing Address 116 SUMMIT RIDGE RD

City
WHITE HALLState Zip Code
WV 26554FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

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
12			18			2015					

Transaction ID : SA11AI.78629

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey Mullins

Mailing Address 116 SUMMIT RIDGE RD

City
WHITE HALLState Zip Code
WV 26554FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

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
12			31			2015					

Transaction ID : SA11AI.78630

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Murray

Mailing Address 3609 13TH AVE SW

City
OLYMPIAState Zip Code
WA 98512FEC 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 ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

Transaction ID : SA11AI.79056

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Daniel Murray

Mailing Address 3609 13TH AVE SW

City
OLYMPIAState
WAZip Code
98512FEC 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 ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.79057

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel Murray

Mailing Address 3609 13TH AVE SW

City
OLYMPIAState
WAZip Code
98512FEC 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 ▼

690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.79058

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Murray

Mailing Address 3609 13TH AVE SW

City
OLYMPIAState
WAZip Code
98512FEC 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 ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.79059

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Daniel Murray

Mailing Address 3609 13TH AVE SW

City
OLYMPIAState
WAZip Code
98512FEC 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 ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.79060

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78360

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78361

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

130.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 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 (Last, First, Middle Initial)

A. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78362

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78363

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78364

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 223 OF 375

(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 (Last, First, Middle Initial)

A. Cynthia Myers

Mailing Address 3588 CAVE CREEK MANOR

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.79046

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cynthia Myers

Mailing Address 3588 CAVE CREEK MANOR

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.79047

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cynthia Myers

Mailing Address 3588 CAVE CREEK MANOR

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.79048

Amount of Each Receipt this Period

39.00

☐ Memo Item

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

117.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Cynthia Myers

Mailing Address 3588 CAVE CREEK MANOR

City State Zip Code
 LAS CRUCES NM 88011

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 ▼

936.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : SA11AI.79049

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cynthia Myers

Mailing Address 3588 CAVE CREEK MANOR

City State Zip Code
 LAS CRUCES NM 88011

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.79050

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret Najera

Mailing Address 28 BROOKVIEW LOOP

City State Zip Code
 ELKTON MD 21921

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 13 2015

Transaction ID : SA11AI.78132

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)..... ►

98.00

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

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

FOR LINE NUMBER: PAGE 225 OF 375

(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 (Last, First, Middle Initial)

A. Margaret Najera

Mailing Address 28 BROOKVIEW LOOP

City State Zip Code
 ELKTON MD 21921

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 27 / 2015

Transaction ID : SA11AI.78133

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret Najera

Mailing Address 28 BROOKVIEW LOOP

City State Zip Code
 ELKTON MD 21921

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.78134

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.78253

Amount of Each Receipt this Period

50.00

☐ Memo Item

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 226 OF 375

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City
PHOENIX

State Zip Code
MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

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
11 / 20 / 2015

Transaction ID : SA11Al.78254

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City
PHOENIX

State Zip Code
MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78255

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City
PHOENIX

State Zip Code
MD 21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

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
12 / 18 / 2015

Transaction ID : SA11Al.78256

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 227 OF 375

(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 (Last, First, Middle Initial)

A. KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City
PHOENIXState Zip Code
MD 21131FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.78257

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City
SPRINGFIELDState Zip Code
MA 01118FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-ADVISORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11Al.78084

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City
SPRINGFIELDState Zip Code
MA 01118FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-ADVISORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11Al.78085

Amount of Each Receipt this Period

12.00

☐ Memo Item

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

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

74.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City

SPRINGFIELD

State

MA

Zip Code

01118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-ADVISORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : SA11Al.78086

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City

SPRINGFIELD

State

MA

Zip Code

01118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-ADVISORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2015					

Transaction ID : SA11Al.78087

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOLORES M NELSON

Mailing Address 50 GARLAND STREET

City

SPRINGFIELD

State

MA

Zip Code

01118

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ANALYST-ADVISORY

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
12			31			2015					

Transaction ID : SA11Al.78088

Amount of Each Receipt this Period

12.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

36.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Carol Nichols

Mailing Address 339 E CAMBRIDGE DR

City
TUCSON

State Zip Code
AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.79066

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol Nichols

Mailing Address 339 E CAMBRIDGE DR

City
TUCSON

State Zip Code
AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.79067

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol Nichols

Mailing Address 339 E CAMBRIDGE DR

City
TUCSON

State Zip Code
AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.79068

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 230 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Carol Nichols

Mailing Address 339 E CAMBRIDGE DR

City	State	Zip Code
TUCSON	AZ	85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

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
1	2	/	1	8	/	2	0	1	5		

Transaction ID : SA11AI.79069

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol Nichols

Mailing Address 339 E CAMBRIDGE DR

City	State	Zip Code
TUCSON	AZ	85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	5		

Transaction ID : SA11AI.79070

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City	State	Zip Code
HOLLIS	NH	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 ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	0	6	/	2	0	1	5		

Transaction ID : SA11AI.78243

Amount of Each Receipt this Period

40.00

☐ Memo Item

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 231 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

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

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78244

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

920.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78245

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78246

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

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

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78247

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City

EVESHAM

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RECRUITING REHAB

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78704

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City

EVESHAM

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RECRUITING REHAB

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78705

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

60.00

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 233 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City

EVESHAM

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RECRUITING REHAB

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78706

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City

EVESHAM

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RECRUITING REHAB

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78707

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN VERSHINSKI OBERTO

Mailing Address 23 BIRCHWOOD DRIVE

City

EVESHAM

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RECRUITING REHAB

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11Al.78708

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 234 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Susan Overton

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78776

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Susan Overton

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78777

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Overton

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78778

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)..... ►

60.00

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 235 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Susan Overton

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

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
12 / 18 / 2015

Transaction ID : SA11Al.78779

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Susan Overton

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

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
12 / 31 / 2015

Transaction ID : SA11Al.78780

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deborah Pence

Mailing Address 9520 MAY DAY ST

City

LA PLATA

State

MD

Zip Code

20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78971

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.00

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

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

FOR LINE NUMBER:
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PAGE 236 OF 375

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Deborah Pence

Mailing Address 9520 MAY DAY ST

City
LA PLATA

State Zip Code
MD 20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78972

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deborah Pence

Mailing Address 9520 MAY DAY ST

City
LA PLATA

State Zip Code
MD 20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78973

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Deborah Pence

Mailing Address 9520 MAY DAY ST

City
LA PLATA

State Zip Code
MD 20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78974

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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 237 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Deborah Pence

Mailing Address 9520 MAY DAY ST

City
LA PLATA

State Zip Code
MD 20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78975

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHET

State Zip Code
RI 02814

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11AI.78384

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHET

State Zip Code
RI 02814

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78385

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)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHETState Zip Code
RI 02814FEC 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 ▼

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : SA11AI.78386

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHETState Zip Code
RI 02814FEC 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
12	/	04	/	2015

Transaction ID : SA11AI.78387

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHETState Zip Code
RI 02814FEC 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 ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.78388

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHETState Zip Code
RI 02814FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATIONOccupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78389

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHETState Zip Code
RI 02814FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATIONOccupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11AI.78390

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Pendleton

Mailing Address 144 KEACH DAM ROAD

City
CHEPACHETState Zip Code
RI 02814FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATIONOccupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78391

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

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 240 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City
HUNTINGTON

State Zip Code
WV 25702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.78370

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City
HUNTINGTON

State Zip Code
WV 25702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78371

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City
HUNTINGTON

State Zip Code
WV 25702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78372

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City

HUNTINGTON

State

WV

Zip Code

25702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SA11Al.78373

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMY S PERRY TIPTON

Mailing Address 5787 OHIO RIVER RD.

City

HUNTINGTON

State

WV

Zip Code

25702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.78374

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Linda Peterson

Mailing Address 104 FRENCHTOWN RD

City

ARGYLE

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	5		

Transaction ID : SA11Al.78966

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Linda Peterson

Mailing Address 104 FRENCHTOWN RD

City
ARGYLE

State
TX

Zip Code
76226

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78967

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda Peterson

Mailing Address 104 FRENCHTOWN RD

City
ARGYLE

State
TX

Zip Code
76226

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78968

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Linda Peterson

Mailing Address 104 FRENCHTOWN RD

City
ARGYLE

State
TX

Zip Code
76226

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78969

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Linda Peterson

Mailing Address 104 FRENCHTOWN RD

City
ARGYLEState
TXZip Code
76226FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.78970

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARRY PEZZANO

Mailing Address 1 CAVESSON TRL

City
SEWELLState
NJZip Code
08080FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT CLINICAL PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11AI.77956

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARRY PEZZANO

Mailing Address 1 CAVESSON TRL

City
SEWELLState
NJZip Code
08080FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT CLINICAL PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11AI.77957

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 244 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. GARRY PEZZANO

Mailing Address 1 CAVESSON TRL

City
SEWELLState
NJZip Code
08080FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT CLINICAL PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11AI.77958

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARRY PEZZANO

Mailing Address 1 CAVESSON TRL

City
SEWELLState
NJZip Code
08080FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT CLINICAL PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11AI.77959

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARRY PEZZANO

Mailing Address 1 CAVESSON TRL

City
SEWELLState
NJZip Code
08080FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT CLINICAL PRACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.77960

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 245 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3675.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	5		

Transaction ID : SA11Al.78616

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	0			2	0	1	5		

Transaction ID : SA11Al.78617

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4025.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	1	5		

Transaction ID : SA11Al.78618

Amount of Each Receipt this Period

175.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

525.00

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 246 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78619

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4375.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11Al.78620

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City

MACUNGIE

State

PA

Zip Code

18062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78491

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City

MACUNGIE

State

PA

Zip Code

18062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	1	5		

Transaction ID : SA11Al.78492

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City

MACUNGIE

State

PA

Zip Code

18062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	4		2	0	1	5		

Transaction ID : SA11Al.78493

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City

MACUNGIE

State

PA

Zip Code

18062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SA11Al.78494

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 248 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER PYNE

Mailing Address 235 OLD MILL RD

City
MACUNGIEState Zip Code
PA 18062FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78495

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC 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 ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78392

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC 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 ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78393

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC 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 ▼

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78394

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC 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 ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78395

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC 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 ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78396

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 250 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City
AVONState Zip Code
CT 06001FEC 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 ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78719

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City
AVONState Zip Code
CT 06001FEC 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 ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78720

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City
AVONState Zip Code
CT 06001FEC 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 ▼

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78721

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 251 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City
AVONState Zip Code
CT 06001FEC 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 ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78722

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City
AVONState Zip Code
CT 06001FEC 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 ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78723

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KILJOY C RAY

Mailing Address 1003 HOTCHKISS COURT

City

FREDERICKSBURG

State Zip Code
VA 22401FEC 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	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : SA11Al.78090

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

110.00

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 252 OF 375

(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 (Last, First, Middle Initial)

A. KILJOY C RAY

Mailing Address 1003 HOTCHKISS COURT

City State Zip Code
 FREDERICKSBURG VA 22401

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 / D D / Y Y Y Y Y
 12 03 2015

Transaction ID : SA11Al.78091

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KILJOY C RAY

Mailing Address 1003 HOTCHKISS COURT

City State Zip Code
 FREDERICKSBURG VA 22401

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 / D D / Y Y Y Y Y
 12 17 2015

Transaction ID : SA11Al.78092

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KILJOY C RAY

Mailing Address 1003 HOTCHKISS COURT

City State Zip Code
 FREDERICKSBURG VA 22401

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.78093

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 253 OF 375

(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 (Last, First, Middle Initial)

A. Joseph Reese

Mailing Address 7597 S OLD FARM LANE

City State Zip Code
 MERIDIAN ID 83642

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 ▼

840.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.79051

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Reese

Mailing Address 7597 S OLD FARM LANE

City State Zip Code
 MERIDIAN ID 83642

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 ▼

880.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.79052

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joseph Reese

Mailing Address 7597 S OLD FARM LANE

City State Zip Code
 MERIDIAN ID 83642

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 ▼

920.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.79053

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Joseph Reese

Mailing Address 7597 S OLD FARM LANE

City
MERIDIAN

State Zip Code
ID 83642

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.79054

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Reese

Mailing Address 7597 S OLD FARM LANE

City
MERIDIAN

State Zip Code
ID 83642

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.79055

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City
REHOBOTH BEACH

State Zip Code
DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78781

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

230.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78782

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78783

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78784

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JoAnne Reifsnnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City	State	Zip Code
REHOBOTH BEACH	DE	19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.78785

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City	State	Zip Code
COCKEYSVILLE	MD	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 ▼

4038.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11AI.77765

Amount of Each Receipt this Period

192.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City	State	Zip Code
COCKEYSVILLE	MD	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 ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11AI.77766

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

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

534.62

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 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 ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.77767

Amount of Each Receipt this Period

192.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 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 ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.77768

Amount of Each Receipt this Period

192.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 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 ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.77769

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

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

576.93

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

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 ▼

420.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78714

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

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 ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78715

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

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 ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78716

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SA11Al.78717

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL RICKERSHAUSER

Mailing Address 5 SUNSET COURT

City

MEDFORD

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.78718

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City

YORK

State

PA

Zip Code

17403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1332.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	5		

Transaction ID : SA11Al.78690

Amount of Each Receipt this Period

63.46

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

103.46

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City
YORK

State
PA

Zip Code
17403

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 ▼

1396.12

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78691

Amount of Each Receipt this Period

63.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City
YORK

State
PA

Zip Code
17403

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 ▼

1459.58

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78692

Amount of Each Receipt this Period

63.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City
YORK

State
PA

Zip Code
17403

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 ▼

1523.04

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78693

Amount of Each Receipt this Period

63.46

☐ Memo Item

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

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

190.38

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City
YORK

State
PA

Zip Code
17403

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 ▼

1586.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78694

Amount of Each Receipt this Period

63.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Ross

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2015

Transaction ID : SA11AI.78809

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Ross

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2015

Transaction ID : SA11AI.78810

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

123.46

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. David Ross

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.78811

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Ross

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SA11AI.78812

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2164.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78064

Amount of Each Receipt this Period

98.52

☐ Memo Item

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

158.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 263 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSONState
MDZip Code
21286FEC 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 ▼

2288.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.78065

Amount of Each Receipt this Period

124.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSONState
MDZip Code
21286FEC 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 ▼

2385.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78066

Amount of Each Receipt this Period

97.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSONState
MDZip Code
21286FEC 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 ▼

2496.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11Al.78067

Amount of Each Receipt this Period

110.43

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

332.20

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 264 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSON

State Zip Code
MD 21286

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 ▼

2593.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78068

Amount of Each Receipt this Period

97.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEBORAH ROWE

Mailing Address 1501 RAYVILLE RD

City
PARKTON

State Zip Code
MD 21120

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR ELDER CARE STAFFG SRV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78331

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEBORAH ROWE

Mailing Address 1501 RAYVILLE RD

City
PARKTON

State Zip Code
MD 21120

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR ELDER CARE STAFFG SRV

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
11 / 20 / 2015

Transaction ID : SA11Al.78332

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

157.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DEBORAH ROWE

Mailing Address 1501 RAYVILLE RD

City

PARKTON

State

MD

Zip Code

21120

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR ELDER CARE STAFFG SRV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78333

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEBORAH ROWE

Mailing Address 1501 RAYVILLE RD

City

PARKTON

State

MD

Zip Code

21120

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR ELDER CARE STAFFG SRV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11Al.78334

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEBORAH ROWE

Mailing Address 1501 RAYVILLE RD

City

PARKTON

State

MD

Zip Code

21120

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR ELDER CARE STAFFG SRV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11Al.78335

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

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 266 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Joseph Rudd

Mailing Address 1756 S MAGIC MILL PL

City
BOISE

State Zip Code
ID 83709

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SA11Al.78877

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Rudd

Mailing Address 1756 S MAGIC MILL PL

City
BOISE

State Zip Code
ID 83709

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
11 / 30 / 2015

Transaction ID : SA11Al.78878

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joseph Rudd

Mailing Address 1756 S MAGIC MILL PL

City
BOISE

State Zip Code
ID 83709

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11Al.78879

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Joseph Rudd

Mailing Address 1756 S MAGIC MILL PL

City
BOISEState Zip Code
ID 83709FEC 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
12 / 28 / 2015

Transaction ID : SA11AI.78880

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City
MEDIAState Zip Code
PA 19063FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78756

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City
MEDIAState Zip Code
PA 19063FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78757

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 268 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City
MEDIAState Zip Code
PA 19063FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78758

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City
MEDIAState Zip Code
PA 19063FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78759

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City
MEDIAState Zip Code
PA 19063FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78760

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 269 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Salvo

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78897

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Salvo

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.78898

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Salvo

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78899

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Salvo

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

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
12	/	18	/	2015

Transaction ID : SA11AI.78900

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Salvo

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78901

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Sammons

Mailing Address 423 SAND PIT RD

City

ALAMO

State

GA

Zip Code

30411

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 ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78822

Amount of Each Receipt this Period

10.00

☐ Memo Item

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Cindy Sammons

Mailing Address 423 SAND PIT RD

City

ALAMO

State

GA

Zip Code

30411

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

11 / 20 / 2015

Transaction ID : SA11AI.78823

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cindy Sammons

Mailing Address 423 SAND PIT RD

City

ALAMO

State

GA

Zip Code

30411

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 ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78824

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Sammons

Mailing Address 423 SAND PIT RD

City

ALAMO

State

GA

Zip Code

30411

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

12 / 18 / 2015

Transaction ID : SA11AI.78825

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Cindy Sammons

Mailing Address 423 SAND PIT RD

City	State	Zip Code
ALAMO	GA	30411

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78826

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Greg Sanchez

Mailing Address 9124 BERRYESSA RD. NE

City	State	Zip Code
ALBUQUERQUE	NM	87122

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 ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.79086

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greg Sanchez

Mailing Address 9124 BERRYESSA RD. NE

City	State	Zip Code
ALBUQUERQUE	NM	87122

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 ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.79087

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Greg Sanchez

Mailing Address 9124 BERRYESSA RD. NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11AI.79088

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Greg Sanchez

Mailing Address 9124 BERRYESSA RD. NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11AI.79089

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greg Sanchez

Mailing Address 9124 BERRYESSA RD. NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.79090

Amount of Each Receipt this Period

30.00

☐ Memo Item**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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KRISTEN SANTANGELO

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 ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78446

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTEN SANTANGELO

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 ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78447

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KRISTEN SANTANGELO

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 ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78448

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KRISTEN SANTANGELO

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 ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	1	5

Transaction ID : SA11Al.78449

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTEN SANTANGELO

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 ▼

875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

Transaction ID : SA11Al.78450

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN V SAVO

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 ▼

777.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	5

Transaction ID : SA11Al.78514

Amount of Each Receipt this Period

37.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

107.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOHN V SAVO

Mailing Address 535 UPPER WEADLEY ROAD

City
STRAFFORD

State Zip Code
PA 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 ▼

814.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78515

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN V SAVO

Mailing Address 535 UPPER WEADLEY ROAD

City
STRAFFORD

State Zip Code
PA 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 ▼

851.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78516

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN V SAVO

Mailing Address 535 UPPER WEADLEY ROAD

City
STRAFFORD

State Zip Code
PA 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 ▼

888.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78517

Amount of Each Receipt this Period

37.00

☐ Memo Item

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

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

111.00

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

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

FOR LINE NUMBER: PAGE 277 OF 375

(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 (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

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.78518

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City State Zip Code
 STURBRIDGE MA 01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

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
 11 06 2015

Transaction ID : SA11Al.78268

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City State Zip Code
 STURBRIDGE MA 01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 13 2015

Transaction ID : SA11Al.78269

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

87.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78270

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

11 / 27 / 2015

Transaction ID : SA11Al.78271

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78272

Amount of Each Receipt this Period

25.00

☐ Memo Item

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)

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☒ 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 (Last, First, Middle Initial)

A. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

12 / 11 / 2015

Transaction ID : SA11Al.78273

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11Al.78274

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

12 / 24 / 2015

Transaction ID : SA11Al.78275

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 280 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78276

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Norman Schueftan

Mailing Address 380 Radford Court

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78570

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Norman Schueftan

Mailing Address 380 Radford Court

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78571

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

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 281 OF 375

(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 (Last, First, Middle Initial)

A. Norman Schueftan

Mailing Address 380 Radford Court

City State Zip Code
 Glen Mills PA 19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.78572

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Norman Schueftan

Mailing Address 380 Radford Court

City State Zip Code
 Glen Mills PA 19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

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
 12 / 18 / 2015

Transaction ID : SA11AI.78573

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Norman Schueftan

Mailing Address 380 Radford Court

City State Zip Code
 Glen Mills PA 19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.78574

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Linda Semler

Mailing Address 2572 VALLEY DRIVE

City
LANCASTER

State Zip Code
PA 17603

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

11 / 27 / 2015

Transaction ID : SA11AI.77878

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda Semler

Mailing Address 2572 VALLEY DRIVE

City
LANCASTER

State Zip Code
PA 17603

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

12 / 11 / 2015

Transaction ID : SA11AI.77879

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Linda Semler

Mailing Address 2572 VALLEY DRIVE

City
LANCASTER

State Zip Code
PA 17603

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

12 / 24 / 2015

Transaction ID : SA11AI.77880

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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 283 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78135

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78136

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78137

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

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
12 / 18 / 2015

Transaction ID : SA11Al.78138

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KAREN SHAMBERG

Mailing Address 1641 BOW TREE DRIVE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-REGIONAL SALES&MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78139

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL S. SHERMAN

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 ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78661

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

222.30

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S. SHERMAN

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 ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78662

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL S. SHERMAN

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 ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78663

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL S. SHERMAN

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 ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78664

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S. SHERMAN

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

4807.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.78665

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR PROVIDER RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11Al.78579

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR PROVIDER RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11Al.78580

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

212.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR PROVIDER RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	4		2	0	1	5		

Transaction ID : SA11Al.78581

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR PROVIDER RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SA11Al.78582

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LISA K SHERWOOD

Mailing Address 100 PAU NEL DRIVE

City

LANDENBERG

State

PA

Zip Code

19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR PROVIDER RELATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.78583

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 288 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78122

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.78123

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.78124

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11AI.78125

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER C SIDELINKER

Mailing Address 547 MAPLE AVE.

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.78126

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rebecca Siemers

Mailing Address 620 STAN DR

City

GRAND JUNCTION

State

CO

Zip Code

81504

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : SA11AI.78866

Amount of Each Receipt this Period

25.00

☐ Memo Item**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: PAGE 290 OF 375

(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 (Last, First, Middle Initial)

A. Rebecca Siemers

Mailing Address 620 STAN DR

City State Zip Code
 GRAND JUNCTION CO 81504

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : SA11AI.78867

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rebecca Siemers

Mailing Address 620 STAN DR

City State Zip Code
 GRAND JUNCTION CO 81504

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.78868

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rebecca Siemers

Mailing Address 620 STAN DR

City State Zip Code
 GRAND JUNCTION CO 81504

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.78869

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 291 OF 375

(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 (Last, First, Middle Initial)

A. Rebecca Siemers

Mailing Address 620 STAN DR

City State Zip Code
 GRAND JUNCTION CO 81504

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.78870

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City State Zip Code
 WEST CHESTER PA 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.78631

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City State Zip Code
 WEST CHESTER PA 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.78632

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

125.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KEN SILVERWOOD

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.78633

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEN SILVERWOOD

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78634

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEN SILVERWOOD

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78635

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MARY SMITH

Mailing Address 2321 RECKFORD RD

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL SVS CENTERS

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
11	/	06	/	2015

Transaction ID : SA11Al.78417

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARY SMITH

Mailing Address 2321 RECKFORD RD

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL SVS CENTERS

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
11	/	20	/	2015

Transaction ID : SA11Al.78418

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARY SMITH

Mailing Address 2321 RECKFORD RD

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL SVS CENTERS

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
12	/	04	/	2015

Transaction ID : SA11Al.78419

Amount of Each Receipt this Period

10.00

☐ Memo Item

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 294 OF 375

(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 (Last, First, Middle Initial)

A. MARY SMITH

Mailing Address 2321 RECKFORD RD

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL SVS CENTERS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.78420

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARY SMITH

Mailing Address 2321 RECKFORD RD

City

JOPPA

State

MD

Zip Code

21085

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL SVS CENTERS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.78421

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.79036

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

45.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City State Zip Code
 ALBUQUERQUE NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

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
 11 / 20 / 2015

Transaction ID : SA11AI.79037

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City State Zip Code
 ALBUQUERQUE NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.79038

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City State Zip Code
 ALBUQUERQUE NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

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
 12 / 18 / 2015

Transaction ID : SA11AI.79039

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City State Zip Code
 ALBUQUERQUE NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.79040

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wendell Smith

Mailing Address 201 BON HARBOR HLS

City State Zip Code
 OWENSBORO KY 42301

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : SA11AI.78851

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wendell Smith

Mailing Address 201 BON HARBOR HLS

City State Zip Code
 OWENSBORO KY 42301

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : SA11AI.78852

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

55.00

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 297 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Wendell Smith

Mailing Address 201 BON HARBOR HLS

City

OWENSBORO

State

KY

Zip Code

42301

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11Al.78853

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wendell Smith

Mailing Address 201 BON HARBOR HLS

City

OWENSBORO

State

KY

Zip Code

42301

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SA11Al.78854

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wendell Smith

Mailing Address 201 BON HARBOR HLS

City

OWENSBORO

State

KY

Zip Code

42301

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78855

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

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

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1	/	0	6	/	2	0	1	5		

Transaction ID : SA11Al.78466

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

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

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1	/	2	0	/	2	0	1	5		

Transaction ID : SA11Al.78467

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

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

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	4	/	2	0	1	5		

Transaction ID : SA11Al.78468

Amount of Each Receipt this Period

150.00

☐ Memo Item**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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78469

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78470

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY S SOLARZ

Mailing Address 130 ORTHODOX DRIVE

City

RICHBORO

State

PA

Zip Code

18954

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78742

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY S SOLARZ

Mailing Address 130 ORTHODOX DRIVE

City

RICHBORO

State

PA

Zip Code

18954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78743

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY S SOLARZ

Mailing Address 130 ORTHODOX DRIVE

City

RICHBORO

State

PA

Zip Code

18954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78744

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY S SOLARZ

Mailing Address 130 ORTHODOX DRIVE

City

RICHBORO

State

PA

Zip Code

18954

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78745

Amount of Each Receipt this Period

10.00

☐ Memo Item**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 301 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY S SOLARZ

Mailing Address 130 ORTHODOX DRIVE

City

RICHBORO

State

PA

Zip Code

18954

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

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78746

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julie Stafford

Mailing Address 137 BOB'S WAY
PO BOX 17

City

ARARAT

State

NC

Zip Code

27007

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78827

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Julie Stafford

Mailing Address 137 BOB'S WAY
PO BOX 17

City

ARARAT

State

NC

Zip Code

27007

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
11 / 20 / 2015

Transaction ID : SA11AI.78828

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Julie StaffordMailing Address 137 BOB'S WAY
PO BOX 17

City	State	Zip Code
ARARAT	NC	27007

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 ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78829

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julie StaffordMailing Address 137 BOB'S WAY
PO BOX 17

City	State	Zip Code
ARARAT	NC	27007

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.78830

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julie StaffordMailing Address 137 BOB'S WAY
PO BOX 17

City	State	Zip Code
ARARAT	NC	27007

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78831

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Brenda Steinauer

Mailing Address 3022 DEL PRADO

City State Zip Code
 ALAMOGORDO NM 88310

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.78981

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brenda Steinauer

Mailing Address 3022 DEL PRADO

City State Zip Code
 ALAMOGORDO NM 88310

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11Al.78982

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brenda Steinauer

Mailing Address 3022 DEL PRADO

City State Zip Code
 ALAMOGORDO NM 88310

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11Al.78983

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Brenda Steinauer

Mailing Address 3022 DEL PRADO

City

ALAMOGORDO

State

NM

Zip Code

88310

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL 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
12 / 18 / 2015

Transaction ID : SA11AI.78984

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brenda Steinauer

Mailing Address 3022 DEL PRADO

City

ALAMOGORDO

State

NM

Zip Code

88310

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78985

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sean Stevenson

Mailing Address 49 ESSEX RD

City

BEDFORD

State

NH

Zip Code

03110

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78946

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

55.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sean Stevenson

Mailing Address 49 ESSEX RD

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.78947

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sean Stevenson

Mailing Address 49 ESSEX RD

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.78948

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sean Stevenson

Mailing Address 49 ESSEX RD

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.78949

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sean Stevenson

Mailing Address 49 ESSEX RD

City
BEDFORDState
NHZip Code
03110FEC 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 ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.78950

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM E STURGISMailing Address 204 HARVARD AVENUE
BOX 656

City

MOUNT GRETN

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 ▼

784.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77961

Amount of Each Receipt this Period

37.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM E STURGISMailing Address 204 HARVARD AVENUE
BOX 656

City

MOUNT GRETN

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 ▼

821.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.77962

Amount of Each Receipt this Period

37.35

☐ Memo Item

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

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

99.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM E STURGISMailing Address 204 HARVARD AVENUE
BOX 656

City	State	Zip Code
MOUNT GRETN	PA	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 ▼

859.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77963

Amount of Each Receipt this Period

37.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM E STURGISMailing Address 204 HARVARD AVENUE
BOX 656

City	State	Zip Code
MOUNT GRETN	PA	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 ▼

896.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77964

Amount of Each Receipt this Period

37.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM E STURGISMailing Address 204 HARVARD AVENUE
BOX 656

City	State	Zip Code
MOUNT GRETN	PA	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 ▼

933.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77965

Amount of Each Receipt this Period

37.35

☐ Memo Item

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LINDA M SULLIVAN

Mailing Address 550 CROSSWINDS DRIVE

City

LITIZ

State

PA

Zip Code

17543

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 ▼

210.00

Date of Receipt

11 / 27 / 2015

Transaction ID : SA11Al.78318

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LINDA M SULLIVAN

Mailing Address 550 CROSSWINDS DRIVE

City

LITIZ

State

PA

Zip Code

17543

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

12 / 11 / 2015

Transaction ID : SA11Al.78319

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LINDA M SULLIVAN

Mailing Address 550 CROSSWINDS DRIVE

City

LITIZ

State

PA

Zip Code

17543

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 ▼

230.00

Date of Receipt

12 / 24 / 2015

Transaction ID : SA11Al.78320

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 309 OF 375
(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 (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

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78020

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78021

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78022

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

450.00

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

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

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

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.78023

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Taylor

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code
 ALBUQUERQUE NM 87111

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11AI.79076

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Taylor

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code
 ALBUQUERQUE NM 87111

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11AI.79077

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Michelle Taylor

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code
 ALBUQUERQUE NM 87111

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.79078

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Taylor

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code
 ALBUQUERQUE NM 87111

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11Al.79079

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Taylor

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code
 ALBUQUERQUE NM 87111

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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.79080

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				06			2015					

Transaction ID : SA11AI.78350

Amount of Each Receipt this Period

150.00

☐ Memo Item

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				20			2015					

Transaction ID : SA11AI.78351

Amount of Each Receipt this Period

150.00

☐ Memo Item

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12				04			2015					

Transaction ID : SA11AI.78352

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SA11AI.78353

Amount of Each Receipt this Period

150.00

☐ Memo Item

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11AI.78354

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NICOLE THOMPSON

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	5		

Transaction ID : SA11AI.78589

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

320.00

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. NICOLE THOMPSON

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 ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78590

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NICOLE THOMPSON

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 ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78591

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NICOLE THOMPSON

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 ▼

480.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78592

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)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. NICOLE THOMPSON

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.78593

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM JOSEPH TIAN

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	1	5		

Transaction ID : SA11Al.78709

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM JOSEPH TIAN

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	1	5		

Transaction ID : SA11Al.78710

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

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

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM JOSEPH TIAN

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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78711

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM JOSEPH TIAN

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78712

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM JOSEPH TIAN

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78713

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. William Timm

Mailing Address 1059 MAHLON DRIVE

City
LEESPORTState Zip Code
PA 19533FEC 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 ▼

735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78307

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Timm

Mailing Address 1059 MAHLON DRIVE

City
LEESPORTState Zip Code
PA 19533FEC 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 ▼

770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78308

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William Timm

Mailing Address 1059 MAHLON DRIVE

City
LEESPORTState Zip Code
PA 19533FEC 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 ▼

805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.78309

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 318 OF 375

(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 (Last, First, Middle Initial)

A. William Timm

Mailing Address 1059 MAHLON DRIVE

City
LEESPORT

State Zip Code
PA 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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78310

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Timm

Mailing Address 1059 MAHLON DRIVE

City
LEESPORT

State Zip Code
PA 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 ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78311

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alina Torregosa

Mailing Address 5 BLUEGRASS RD

City
CLEMENTON

State Zip Code
NJ 08021

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 / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78456

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 319 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Alina Torregosa

Mailing Address 5 BLUEGRASS RD

City
CLEMENTONState Zip Code
NJ 08021FEC 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	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.78457

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alina Torregosa

Mailing Address 5 BLUEGRASS RD

City
CLEMENTONState Zip Code
NJ 08021FEC 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	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78458

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alina Torregosa

Mailing Address 5 BLUEGRASS RD

City
CLEMENTONState Zip Code
NJ 08021FEC 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 ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78459

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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 320 OF 375

(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 (Last, First, Middle Initial)

A. Alina Torregosa

Mailing Address 5 BLUEGRASS RD

City
CLEMENTON

State Zip Code
NJ 08021

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78460

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Trautman

Mailing Address 122 DEN ROAD

City
LINCOLN UNIVERSITY

State Zip Code
PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RECRUITMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78695

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amy Trautman

Mailing Address 122 DEN ROAD

City
LINCOLN UNIVERSITY

State Zip Code
PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RECRUITMENT

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
11 / 20 / 2015

Transaction ID : SA11Al.78696

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 321 OF 375

(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 (Last, First, Middle Initial)

A. Amy Trautman

Mailing Address 122 DEN ROAD

City State Zip Code
 LINCOLN UNIVERSITY PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION MANAGER-RECRUITMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11Al.78697

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Trautman

Mailing Address 122 DEN ROAD

City State Zip Code
 LINCOLN UNIVERSITY PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION MANAGER-RECRUITMENT

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
 12 / 18 / 2015

Transaction ID : SA11Al.78698

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amy Trautman

Mailing Address 122 DEN ROAD

City State Zip Code
 LINCOLN UNIVERSITY PA 19352

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION MANAGER-RECRUITMENT

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
 12 / 31 / 2015

Transaction ID : SA11Al.78699

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

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 322 OF 375

(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 (Last, First, Middle Initial)

A. LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City State Zip Code
 WEST GROVE PA 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 ▼

420.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.78005

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City State Zip Code
 WEST GROVE PA 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 ▼

440.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78006

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LISA TRAUTMAN

Mailing Address 4 VIOLET LANE

City State Zip Code
 WEST GROVE PA 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 ▼

460.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78007

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)..... ►

60.00

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 323 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LISA TRAUTMAN

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78008

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA TRAUTMAN

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78009

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH J TRIANA

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78277

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 324 OF 375

(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 (Last, First, Middle Initial)

A. JOSEPH J TRIANA

Mailing Address 102 INTIMADATOR LANE

City State Zip Code
 GIVEN WV 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 ▼

550.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78278

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH J TRIANA

Mailing Address 102 INTIMADATOR LANE

City State Zip Code
 GIVEN WV 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 ▼

575.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78279

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH J TRIANA

Mailing Address 102 INTIMADATOR LANE

City State Zip Code
 GIVEN WV 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 ▼

600.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78280

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 325 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH J TRIANA

Mailing Address 102 INTIMADATOR LANE

City	State	Zip Code
GIVEN	WV	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 ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78281

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City	State	Zip Code
SEVERNA PARK	MD	21146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

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
11	/	06	/	2015

Transaction ID : SA11Al.78029

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City	State	Zip Code
SEVERNA PARK	MD	21146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

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
11	/	20	/	2015

Transaction ID : SA11Al.78030

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

45.00

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 326 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City

SEVERNA PARK

State

MD

Zip Code

21146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78031

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City

SEVERNA PARK

State

MD

Zip Code

21146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78032

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANNMARIE P TRUVER

Mailing Address 281 WILDERNESS ROAD

City

SEVERNA PARK

State

MD

Zip Code

21146

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78033

Amount of Each Receipt this Period

10.00

☐ Memo Item

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 327 OF 375

(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 (Last, First, Middle Initial)

A. Kathleen Usher

Mailing Address 372915 PO BOX

City State Zip Code
SATELLITE BEACH FL 32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78956

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Usher

Mailing Address 372915 PO BOX

City State Zip Code
SATELLITE BEACH FL 32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78957

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathleen Usher

Mailing Address 372915 PO BOX

City State Zip Code
SATELLITE BEACH FL 32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78958

Amount of Each Receipt this Period

30.00

☐ Memo Item

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 328 OF 375

☒ 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 (Last, First, Middle Initial)

A. Kathleen Usher

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78959

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Usher

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.78960

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERRY VALENTINE

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 ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.77891

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

95.00

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 329 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PERRY VALENTINE

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 ▼

770.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.77892

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERRY VALENTINE

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 ▼

805.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77893

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERRY VALENTINE

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 ▼

840.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.77894

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

105.00

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 330 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City
HAMPSTEAD

State Zip Code
MD 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 ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11Al.77895

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City
TOWSON

State Zip Code
MD 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78441

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City
TOWSON

State Zip Code
MD 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78442

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)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 331 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City
TOWSONState Zip Code
MD 21286FEC 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 ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78443

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City
TOWSONState Zip Code
MD 21286FEC 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 ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78444

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICTORIA VALTON

Mailing Address 112 EDGEWOOD RD

City
TOWSONState Zip Code
MD 21286FEC 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 ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78445

Amount of Each Receipt this Period

20.00

☐ Memo Item

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 332 OF 375

(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 (Last, First, Middle Initial)

A. Sunil Verma

Mailing Address 60 LINDSAY LANE

City
CRANSTONState Zip Code
RI 02921FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGIONAL MEDICAL AFFAIRS

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
12 / 04 / 2015

Transaction ID : SA11Al.78763

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sunil Verma

Mailing Address 60 LINDSAY LANE

City
CRANSTONState Zip Code
RI 02921FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGIONAL MEDICAL AFFAIRS

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
12 / 18 / 2015

Transaction ID : SA11Al.78764

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sunil Verma

Mailing Address 60 LINDSAY LANE

City
CRANSTONState Zip Code
RI 02921FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGIONAL MEDICAL AFFAIRS

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
12 / 31 / 2015

Transaction ID : SA11Al.78765

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 333 OF 375

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Timothy Wade

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
 Genesis HealthCare Corporation

Occupation
 Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.77916

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy Wade

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
 Genesis HealthCare Corporation

Occupation
 Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.77917

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy Wade

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
 Genesis HealthCare Corporation

Occupation
 Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77918

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Timothy Wade

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.77919

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy Wade

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77920

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CYNTHIA WAGONER

Mailing Address P.O. BOX 32

City

FORT ASHBY

State

WV

Zip Code

26719

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.77833

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

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 335 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CYNTHIA WAGONER

Mailing Address P.O. BOX 32

City

FORT ASHBY

State

WV

Zip Code

26719

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

11 / 20 / 2015

Transaction ID : SA11AI.77834

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CYNTHIA WAGONER

Mailing Address P.O. BOX 32

City

FORT ASHBY

State

WV

Zip Code

26719

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 ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.77835

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CYNTHIA WAGONER

Mailing Address P.O. BOX 32

City

FORT ASHBY

State

WV

Zip Code

26719

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

12 / 18 / 2015

Transaction ID : SA11AI.77836

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 336 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CYNTHIA WAGONER

Mailing Address P.O. BOX 32

City

FORT ASHBY

State

WV

Zip Code

26719

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.77837

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHARON WAREING

Mailing Address 134 EAST SIDE DRIVE

City

CONCORD

State

NH

Zip Code

03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78528

Amount of Each Receipt this Period

16.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHARON WAREING

Mailing Address 134 EAST SIDE DRIVE

City

CONCORD

State

NH

Zip Code

03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.54

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78529

Amount of Each Receipt this Period

16.74

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

43.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 OF 375

(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. SHARON WAREING

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.78530

Amount of Each Receipt this Period

16.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHARON WAREING

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.02

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78531

Amount of Each Receipt this Period

16.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHARON WAREING

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.76

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78532

Amount of Each Receipt this Period

16.74

☐ Memo Item

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

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

50.22

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILL

State Zip Code
TN 37174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11Al.78931

Amount of Each Receipt this Period

85.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILL

State Zip Code
TN 37174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2161.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78932

Amount of Each Receipt this Period

90.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILL

State Zip Code
TN 37174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2238.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78933

Amount of Each Receipt this Period

77.54

☐ Memo Item

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

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

254.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILLState Zip Code
TN 37174FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2322.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.78934

Amount of Each Receipt this Period

83.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILLState Zip Code
TN 37174FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2417.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.78935

Amount of Each Receipt this Period

95.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAREN M WELLSMailing Address 1679 W. DOE RUN ROAD
P.O. BOX 487City
UNIONVILLEState Zip Code
PA 19375FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.77813

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

198.80

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

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(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 (Last, First, Middle Initial)

A. 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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

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
11	/	20	/	2015

Transaction ID : SA11Al.77814

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

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
12	/	04	/	2015

Transaction ID : SA11Al.77815

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

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
12	/	18	/	2015

Transaction ID : SA11Al.77816

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)..... ►

60.00

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)

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. 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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

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
12 / 31 / 2015

Transaction ID : SA11AI.77817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Wetzel

Mailing Address 3029 RIVER WOODS DR

City State Zip Code
PARRISH FL 34219

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SPECIALIST-REGULATORY GRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78921

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Wetzel

Mailing Address 3029 RIVER WOODS DR

City State Zip Code
PARRISH FL 34219

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SPECIALIST-REGULATORY GRS

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
11 / 20 / 2015

Transaction ID : SA11AI.78922

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

40.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Wetzel

Mailing Address 3029 RIVER WOODS DR

City

PARRISH

State

FL

Zip Code

34219

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SPECIALIST-REGULATORY GRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78923

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Wetzel

Mailing Address 3029 RIVER WOODS DR

City

PARRISH

State

FL

Zip Code

34219

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SPECIALIST-REGULATORY GRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78924

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Wetzel

Mailing Address 3029 RIVER WOODS DR

City

PARRISH

State

FL

Zip Code

34219

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SPECIALIST-REGULATORY GRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.78925

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Barbara White

Mailing Address 361 DANDI VIEW RD

City State Zip Code
NORTH CONWAY NH 03860

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11AI.78801

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara White

Mailing Address 361 DANDI VIEW RD

City State Zip Code
NORTH CONWAY NH 03860

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78802

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara White

Mailing Address 361 DANDI VIEW RD

City State Zip Code
NORTH CONWAY NH 03860

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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 27 / 2015

Transaction ID : SA11AI.78803

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

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)

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Barbara White

Mailing Address 361 DANDI VIEW RD

City

NORTH CONWAY

State

NH

Zip Code

03860

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
12 / 04 / 2015

Transaction ID : SA11AI.78804

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara White

Mailing Address 361 DANDI VIEW RD

City

NORTH CONWAY

State

NH

Zip Code

03860

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SA11AI.78805

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbara White

Mailing Address 361 DANDI VIEW RD

City

NORTH CONWAY

State

NH

Zip Code

03860

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78806

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 345 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Barbara White

Mailing Address 361 DANDI VIEW RD

City
NORTH CONWAYState
NHZip Code
03860FEC 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 ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2015			

Transaction ID : SA11AI.78807

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara White

Mailing Address 361 DANDI VIEW RD

City
NORTH CONWAYState
NHZip Code
03860FEC 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
12			31			2015			

Transaction ID : SA11AI.78808

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City
DOWNINGTOWNState
PAZip Code
19335FEC 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 ▼

1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11AI.78209

Amount of Each Receipt this Period

75.00

☐ Memo Item

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH W WILKS

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 ▼

1650.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.78210

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH W WILKS

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 ▼

1725.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.78211

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH W WILKS

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 ▼

1800.00

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.78212

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City

DOWNTOWN

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.78213

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donald Wilson

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			02			2015					

Transaction ID : SA11AI.78885

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donald Wilson

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			16			2015					

Transaction ID : SA11AI.78886

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

155.00

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Donald Wilson

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.78887

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donald Wilson

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.78888

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donald Wilson

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11AI.78889

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. IRVIN D WINEBRENNER

Mailing Address 12177 WOODFORD DRIVE

City

MARRIOTTSTVILLE

State

MD

Zip Code

21104

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

Transaction ID : SA11Al.77986

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRVIN D WINEBRENNER

Mailing Address 12177 WOODFORD DRIVE

City

MARRIOTTSTVILLE

State

MD

Zip Code

21104

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : SA11Al.77987

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRVIN D WINEBRENNER

Mailing Address 12177 WOODFORD DRIVE

City

MARRIOTTSTVILLE

State

MD

Zip Code

21104

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.77988

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. IRVIN D WINEBRENNER

Mailing Address 12177 WOODFORD DRIVE

City	State	Zip Code
MARRIOTTSVILLE	MD	21104

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 ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11AI.77989

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City	State	Zip Code
WAYNE	PA	19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.78140

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City	State	Zip Code
WAYNE	PA	19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.78141

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 351 OF 375

(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 (Last, First, Middle Initial)

A. JOANNE M WISELY

Mailing Address 118 DEEPPDALE ROAD

City State Zip Code
 WAYNE PA 19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2015

Transaction ID : SA11AI.78142

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOANNE M WISELY

Mailing Address 118 DEEPPDALE ROAD

City State Zip Code
 WAYNE PA 19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2015

Transaction ID : SA11AI.78143

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOANNE M WISELY

Mailing Address 118 DEEPPDALE ROAD

City State Zip Code
 WAYNE PA 19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.78144

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

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 NUTRITIONAL SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.77770

Amount of Each Receipt this Period

50.00

☐ Memo Item

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 NUTRITIONAL SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11Al.77771

Amount of Each Receipt this Period

50.00

☐ Memo Item

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 NUTRITIONAL SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.77772

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

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 NUTRITIONAL SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11Al.77773

Amount of Each Receipt this Period

50.00

☐ Memo Item

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 NUTRITIONAL SVS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.77774

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia Worhunsy-Quinn

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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11Al.78049

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

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 354 OF 375

(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 (Last, First, Middle Initial)

A. Patricia Worhunsy-Quinn

Mailing Address 45 Prospect Street

City State Zip Code
Terryville CT 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 ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11Al.78050

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia Worhunsy-Quinn

Mailing Address 45 Prospect Street

City State Zip Code
Terryville CT 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 ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11Al.78051

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia Worhunsy-Quinn

Mailing Address 45 Prospect Street

City State Zip Code
Terryville CT 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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11Al.78052

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

120.00

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)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Patricia Worhunsky-Quinn

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78053

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SA11AI.78431

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JUDSON WORTH

Mailing Address PO BOX 339

City

MARLINTON

State

WV

Zip Code

24954

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78432

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

70.00

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)

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☒ 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 (Last, First, Middle Initial)

A. JUDSON WORTH

Mailing Address PO BOX 339

City State Zip Code
MARLINTON WV 24954

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.78433

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JUDSON WORTH

Mailing Address PO BOX 339

City State Zip Code
MARLINTON WV 24954

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78434

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JUDSON WORTH

Mailing Address PO BOX 339

City State Zip Code
MARLINTON WV 24954

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78435

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 357 OF 375
(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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MARY WRINN

Mailing Address 43 THOMAS STREET

City

WINDSOR LOCKS

State

CT

Zip Code

06096

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.77911

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARY WRINN

Mailing Address 43 THOMAS STREET

City

WINDSOR LOCKS

State

CT

Zip Code

06096

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11Al.77912

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARY WRINN

Mailing Address 43 THOMAS STREET

City

WINDSOR LOCKS

State

CT

Zip Code

06096

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11Al.77913

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 358 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MARY WRINN

Mailing Address 43 THOMAS STREET

City

WINDSOR LOCKS

State

CT

Zip Code

06096

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Transaction ID : SA11Al.77914

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARY WRINN

Mailing Address 43 THOMAS STREET

City

WINDSOR LOCKS

State

CT

Zip Code

06096

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11Al.77915

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN S YOUNGMailing 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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11Al.78103

Amount of Each Receipt this Period

50.00

☐ Memo Item**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 359 OF 375

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.78104

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.78105

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.78106

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 360 OF 375

(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 (Last, First, Middle Initial)

A. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City State Zip Code
UNIONVILLE PA 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.78107

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

50.00

40572.80

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

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

FOR LINE NUMBER: PAGE 361 OF 375

(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 (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00478354

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA16.79186

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

2000.00

2000.00

<input checked="" 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 type="checkbox"/>	29	<input type="checkbox"/>	30b

Genesis Healthcare Inc PAC

A. Wells Fargo Bank

Mailing Address 400 Scarlett Road

City	State	Zip Code
Kennett Square	PA	19348

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10' with 4 segments lit. The second display shows '30' with 6 segments lit. The third display shows '2015' with 10 segments lit. The displays are arranged horizontally and separated by slashes.

Transaction ID : SB21B.79104

Amount of Each Disbursement this Period

90.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address 400 Scarlett Road

City	State	Zip Code
Kennett Square	PA	19348

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.79105

Amount of Each Disbursement this Period

45.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address 400 Scarlett Road

City	State	Zip Code
Kennett Square	PA	19348

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.79106

Amount of Each Disbursement this Period

45.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

180.00

180.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Genesis Healthcare Inc PAC

A. BENNET COLORADO VICTORY

Mailing Address 1776 PLATTE ST

City	State	Zip Code
DENVER	CO	80202

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: CO	District:	

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB23.79142

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City	State	Zip Code
NEWARK	DE	19714

Purpose of Disbursement

Candidate Name

Office Sought:		<input type="checkbox"/>	House
		<input checked="" type="checkbox"/>	Senate
		<input type="checkbox"/>	President
State:	DE	District:	00

Disbursement For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB23.79120

Amount of Each Disbursement this Period

Age group	Number of people
0-14	100
15-24	150
25-34	200
35-44	250
45-54	300
55-64	350
65-74	400
75-84	450
85-94	500
95-104	1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COURTNEY FOR CONGRESS

Mailing Address PO BOX 1372

City	State	Zip Code
VERNON	CT	06066

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: CT District: 02

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB23.79118

Amount of Each Disbursement this Period

1000.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 365 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City
WADSWORTHState
OHZip Code
44281

Purpose of Disbursement

011

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SB23.79137

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City
NEWTONState
MAZip Code
02459

Purpose of Disbursement

011

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SB23.79116

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City
BAKERSFIELDState
CAZip Code
93389

Purpose of Disbursement

011

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SB23.79139

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 366 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LANCE FOR CONGRESS

Mailing Address PO BOX 5154

City
CLINTONState
NJZip Code
08809

Purpose of Disbursement

011

Candidate Name

 Office Sought: ☒ House
☐ Senate
☐ President
 State: NJ District: 07

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SB23.79132

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR PRESIDENT

Mailing Address PO BOX 558701

City
MIAMIState
FLZip Code
33255

Purpose of Disbursement

011

Candidate Name

 Office Sought: ☐ House
☐ Senate
☒ President
 State: District:

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB23.79121

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly for Congress

Mailing Address PO Box 476

City
LyndoraState
PAZip Code
16045

Purpose of Disbursement

011

Candidate Name

 Office Sought: ☒ House
☐ Senate
☐ President
 State: PA District: 03

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SB23.79124

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 367 OF 375

<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. NRSCMailing Address 425 Second Street
NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2015

Transaction ID : SB23.79146

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SB23.79125

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

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: 06Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SB23.79123

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 225

City
COLONIAState
NJZip Code
07067

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 03

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SB23.79133

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

49000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Committee to Re-elect Jimmie C. Hall

Mailing Address 13008 Gray Hills Road, N.E.

City	State	Zip Code
Albuquerque	NM	87111

Purpose of Disbursement
NON-FEDERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SB29.79161

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Re-elect John Arthur Smith

Mailing Address Box 998

City	State	Zip Code
Deming	NM	88031

Purpose of Disbursement
NON-FEDERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SB29.79178

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-elect Larry A. Larranaga

Mailing Address 7716 Lamplighter, NE

City	State	Zip Code
Albuquerque	NM	87109

Purpose of Disbursement
NON-FEDERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SB29.79163

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Committee to Re-elect Lucky Varela

Mailing Address 1709 Callejon Zenaida

City	State	Zip Code
Santa Fe	NM	87501

Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SB29.79169

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Re-elect Mary Kay Papen

Mailing Address 904 Conway Avenue

City	State	Zip Code
Las Cruces	NM	88005

Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SB29.79176

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-elect Patricia Lundstrom

Mailing Address 3406 Bluehill Avenue

City	State	Zip Code
Gallup	NM	87301

Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SB29.79167

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Committee to Re-elect Paul C. Brandy

Mailing Address 388 County road 2900

City	State	Zip Code
Aztec	NM	87410

Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SB29.79159

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Reelect Don Tripp

Mailing Address PO Box 1369

City	State	Zip Code
Socorro	NM	87801

Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB29.79152

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conway Overly for Kentucky

Mailing Address PO Box 7803

City	State	Zip Code
Louisville	KY	40237

Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB29.79150

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DePasquale for Pennsylvania

Mailing Address PO Box 391

City
HarrisburgState
PAZip Code
17108Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SB29.79172

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSE MAJORITY PACMailing Address 700 13TH STREET, NW
SUITE 600City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SB29.79180

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEW JERSEY REPUBLICAN STATE COMMITTEE

Mailing Address 150 WEST STATE STREET SUITE 230

City
TRENTONState
NJZip Code
08608Purpose of Disbursement
NON-FEDERAL

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

Transaction ID : SB29.79155

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Representative Four Price

Mailing Address PO Box 1749

City	State	Zip Code
Amarillo	TX	79105

Purpose of Disbursement
NON-FEDERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SB29.79174

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Pena Raymond Campaign

Mailing Address PO Box 450349

City	State	Zip Code
Laredo	TX	78045

Purpose of Disbursement
NON-FEDERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SB29.79157

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VHCA PAC

Mailing Address 2112 W. Leburium, Suite 206

City	State	Zip Code
Richmond	VA	23277

Purpose of Disbursement
NON-FEDERAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SB29.79154

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

13000.00
