

# 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 ▼** C00292094 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M / D D / 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 / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
 TABAK, JAMES W, , ,  
 Type or Print Name of Treasurer

Signature of Treasurer TABAK, JAMES W, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 11 / 30 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Genesis Healthcare Inc PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="189608.33"/>	<input type="text" value="189608.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="166862.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="54543.21"/>	<input type="text" value="107477.71"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="221406.04"/>	<input type="text" value="297086.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38895.00"/>	<input type="text" value="114575.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182511.04"/>	<input type="text" value="182511.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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. 05/2016)

Page 3

Write or Type Committee Name

**Genesis Healthcare Inc PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38387.89	56165.98
(ii) Unitemized .....	16155.32	51311.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54543.21	107477.71
(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) .....	54543.21	107477.71
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.....	0.00	0.00
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)).....▶	54543.21	107477.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	54543.21	107477.71

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	195.00	375.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	195.00	375.00
22. Transfers to Affiliated/Other Party Committees.....	10000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	73000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2700.00	31200.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	38895.00	114575.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38895.00	114575.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54543.21	107477.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54543.21	107477.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	195.00	375.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	195.00	375.00

**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 6 OF 252
	<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**

**A. Abracen, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19262 Sierra Inez Road  
 City Irvine State CA Zip Code 92603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis HealthCare Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100086**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Adams, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17163 CARRIAGE HORSE DR  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99953**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Adams, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17163 CARRIAGE HORSE DR  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99954**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> 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 7 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Adams, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17163 CARRIAGE HORSE DR  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99955**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Adams, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17163 CARRIAGE HORSE DR  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99956**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Adams, Carolynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17163 CARRIAGE HORSE DR  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.99957**  
 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 8 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. ADAMS, JAMES, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 MARLDALE DRIVE  
 City MIDDLETOWN State DE Zip Code 19709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98130**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. ADAMS, JAMES, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 MARLDALE DRIVE  
 City MIDDLETOWN State DE Zip Code 19709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98131**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. ADAMS, JAMES, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 MARLDALE DRIVE  
 City MIDDLETOWN State DE Zip Code 19709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98132**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 9 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. ADAMS, JAMES, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 MARLDALE DRIVE  
 City MIDDLETOWN State DE Zip Code 19709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98133**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. ADAMS, JAMES, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 MARLDALE DRIVE  
 City MIDDLETOWN State DE Zip Code 19709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98134**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. ADAMS, JEFFREY, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CUSTOMER SYSTEMS  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99152**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> 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 10 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. ADAMS, JEFFREY, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 BORDEN WAY

City LINCOLN UNIVERSITY	State PA	Zip Code 19352
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CUSTOMER SYSTEMS
---	--

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
06		16		2017

**Transaction ID : SA11AI.99153**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. ADAMS, JEFFREY, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 BORDEN WAY

City LINCOLN UNIVERSITY	State PA	Zip Code 19352
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CUSTOMER SYSTEMS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.99154**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Albright Rohrbaugh, Carol, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 870 PINEHURST ROAD

City EAST YORK	State PA	Zip Code 17402
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS DEVELOPMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
444.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : SA11AI.99217**

Amount of Each Receipt this Period  
63.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.46
<b>TOTAL</b> 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 11 OF 252  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Albright Rohrbaugh, Carol, , ,**

Mailing Address **870 PINEHURST ROAD**

City <b>EAST YORK</b>	State <b>PA</b>	Zip Code <b>17402</b>
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FEC ID number of contributing federal political committee.    **C**

Name of Employer (for Individual) <b>GENESIS HEALTHCARE CORPORATION</b>	Occupation (for Individual) <b>VP-BUSINESS DEVELOPMENT</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**507.68**

Date of Receipt  
**04 / 21 / 2017**

**Transaction ID : SA11AI.99218**

Amount of Each Receipt this Period  
**63.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Albright Rohrbaugh, Carol, , ,**

Mailing Address **870 PINEHURST ROAD**

City <b>EAST YORK</b>	State <b>PA</b>	Zip Code <b>17402</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.    **C**

Name of Employer (for Individual) <b>GENESIS HEALTHCARE CORPORATION</b>	Occupation (for Individual) <b>VP-BUSINESS DEVELOPMENT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**571.14**

Date of Receipt  
**05 / 05 / 2017**

**Transaction ID : SA11AI.99219**

Amount of Each Receipt this Period  
**63.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Albright Rohrbaugh, Carol, , ,**

Mailing Address **870 PINEHURST ROAD**

City <b>EAST YORK</b>	State <b>PA</b>	Zip Code <b>17402</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.    **C**

Name of Employer (for Individual) <b>GENESIS HEALTHCARE CORPORATION</b>	Occupation (for Individual) <b>VP-BUSINESS DEVELOPMENT</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**634.60**

Date of Receipt  
**05 / 19 / 2017**

**Transaction ID : SA11AI.99220**

Amount of Each Receipt this Period  
**63.46**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.38</b>
<b>TOTAL</b> 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 12 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Albright Rohrbaugh, Carol, , ,

Mailing Address 870 PINEHURST ROAD

City EAST YORK	State PA	Zip Code 17402
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS DEVELOPMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
698.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.99221**

Amount of Each Receipt this Period  
63.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Albright Rohrbaugh, Carol, , ,

Mailing Address 870 PINEHURST ROAD

City EAST YORK	State PA	Zip Code 17402
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS DEVELOPMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
761.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : SA11AI.99222**

Amount of Each Receipt this Period  
63.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Albright Rohrbaugh, Carol, , ,

Mailing Address 870 PINEHURST ROAD

City EAST YORK	State PA	Zip Code 17402
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS DEVELOPMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
824.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.99223**

Amount of Each Receipt this Period  
63.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.38
<b>TOTAL</b> 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 13 OF 252
	<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**

**A. ALMQUIST, DAVID, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 GRANTLEY COURT  
 City YORK State PA Zip Code 17403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98021**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. ALMQUIST, DAVID, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 GRANTLEY COURT  
 City YORK State PA Zip Code 17403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98022**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. ALMQUIST, DAVID, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 GRANTLEY COURT  
 City YORK State PA Zip Code 17403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98023**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 14 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALMQUIST, DAVID, C, ,

Mailing Address 811 GRANTLEY COURT

City YORK	State PA	Zip Code 17403
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98024**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALMQUIST, DAVID, C, ,

Mailing Address 811 GRANTLEY COURT

City YORK	State PA	Zip Code 17403
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
---	---

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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98025**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALMQUIST, DAVID, C, ,

Mailing Address 811 GRANTLEY COURT

City YORK	State PA	Zip Code 17403
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
---	---

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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98026**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 15 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ALMQUIST, DAVID, C, ,</b>			Date of Receipt
Mailing Address 811 GRANTLEY COURT			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City YORK	State PA	Zip Code 17403	<b>Transaction ID : SA11AI.98027</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1950.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BACH, PAUL, , ,</b>			Date of Receipt
Mailing Address 18 FARM RIDGE COURT			<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2017"/>
City BALDWIN	State MD	Zip Code 21013	<b>Transaction ID : SA11AI.97791</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.		Occupation (for Individual) VP-SR CENTERS OPERATIONS	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1346.10"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BACH, PAUL, , ,</b>			Date of Receipt
Mailing Address 18 FARM RIDGE COURT			<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2017"/>
City BALDWIN	State MD	Zip Code 21013	<b>Transaction ID : SA11AI.97792</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.		Occupation (for Individual) VP-SR CENTERS OPERATIONS	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1538.40"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="534.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 252  
(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**

**A. BACH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 FARM RIDGE COURT  
 City BALDWIN State MD Zip Code 21013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.97793**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. BACH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 FARM RIDGE COURT  
 City BALDWIN State MD Zip Code 21013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.97794**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. BACH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 FARM RIDGE COURT  
 City BALDWIN State MD Zip Code 21013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97795**  
 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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 252  
(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**

**A. BACH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 FARM RIDGE COURT  
 City BALDWIN State MD Zip Code 21013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97796**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. BACH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 FARM RIDGE COURT  
 City BALDWIN State MD Zip Code 21013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97797**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. BERENBACH, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8007 YELLOWSTONE RD  
 City KINGSVILLE State MD Zip Code 21087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97849**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 534.60  
**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 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. BERENBACH, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8007 YELLOWSTONE RD  
 City KINGSVILLE State MD Zip Code 21087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.97850**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. BERENBACH, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8007 YELLOWSTONE RD  
 City KINGSVILLE State MD Zip Code 21087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.97851**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. BERENBACH, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8007 YELLOWSTONE RD  
 City KINGSVILLE State MD Zip Code 21087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.97852**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 19 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. BERENBACH, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8007 YELLOWSTONE RD

City KINGSVILLE	State MD	Zip Code 21087
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R
--	---

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
06		02		2017

**Transaction ID : SA11AI.97853**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. BERENBACH, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8007 YELLOWSTONE RD

City KINGSVILLE	State MD	Zip Code 21087
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F
--	---

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
06		16		2017

**Transaction ID : SA11AI.97854**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. BERENBACH, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8007 YELLOWSTONE RD

City KINGSVILLE	State MD	Zip Code 21087
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.97855**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 20 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Berg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GENERAL CORP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100017**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Berg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GENERAL CORP  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.100018**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Berg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GENERAL CORP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100019**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> 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 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Berg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GENERAL CORP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100020**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Berg, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GENERAL CORP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100021**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98351**  
 Amount of Each Receipt this Period 40.00  
 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:	PAGE 22 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98352**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.98353**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98354**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 23 OF 252
	<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**

**A. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98355**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98356**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. BERNETT, GARY, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 429 COLLEGE AVE  
 City HAVERFORD State PA Zip Code 19041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98357**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 24 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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**

**A. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE  
 City HADDONFIELD State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97835**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE  
 City HADDONFIELD State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.97836**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE  
 City HADDONFIELD State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.97837**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 25 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE

City HADDONFIELD	State NJ	Zip Code 08033
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.97838**

Amount of Each Receipt this Period  
 40.00

Memo Item

**B. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE

City HADDONFIELD	State NJ	Zip Code 08033
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS
--	--

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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.97839**

Amount of Each Receipt this Period  
 40.00

Memo Item

**C. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE

City HADDONFIELD	State NJ	Zip Code 08033
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS
--	--

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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.97840**

Amount of Each Receipt this Period  
 40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 26 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. BERTHA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ARDMORE AVENUE  
 City HADDONFIELD State NJ Zip Code 08033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) PRESIDENT-GEN HOSPITALITY SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97841**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98699**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98700**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 27 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98701**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98702**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98703**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> 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 28 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98704**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**B. Bethea, Lashuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 S. CONKLING STREET APT 315  
 City BALTIMORE State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-LEGISLATIVE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98705**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**C. BLINN, RICHARD, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 67 BLOSSOM ROAD  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 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  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98526**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> 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 29 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BLINN, RICHARD, P, ,**

Mailing Address **67 BLOSSOM ROAD**

City <b>WINDHAM</b>	State <b>NH</b>	Zip Code <b>03087</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>GENESIS HEALTHCARE CORPORATION</b>	Occupation (for Individual) <b>EXECUTIVE VICE PRESIDENT</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
**04 / 21 / 2017**

**Transaction ID : SA11AI.98527**

Amount of Each Receipt this Period  
**150.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BLINN, RICHARD, P, ,**

Mailing Address **67 BLOSSOM ROAD**

City <b>WINDHAM</b>	State <b>NH</b>	Zip Code <b>03087</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>GENESIS HEALTHCARE CORPORATION</b>	Occupation (for Individual) <b>EXECUTIVE VICE PRESIDENT</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1350.00**

Date of Receipt  
**05 / 05 / 2017**

**Transaction ID : SA11AI.98528**

Amount of Each Receipt this Period  
**150.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BLINN, RICHARD, P, ,**

Mailing Address **67 BLOSSOM ROAD**

City <b>WINDHAM</b>	State <b>NH</b>	Zip Code <b>03087</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>GENESIS HEALTHCARE CORPORATION</b>	Occupation (for Individual) <b>EXECUTIVE VICE PRESIDENT</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**05 / 19 / 2017**

**Transaction ID : SA11AI.98529**

Amount of Each Receipt this Period  
**150.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> 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 30 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BLINN, RICHARD, P, ,

Mailing Address 67 BLOSSOM ROAD

City WINDHAM	State NH	Zip Code 03087
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
---	---

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
06		02		2017

**Transaction ID : SA11AI.98530**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BLINN, RICHARD, P, ,

Mailing Address 67 BLOSSOM ROAD

City WINDHAM	State NH	Zip Code 03087
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
---	---

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
06		16		2017

**Transaction ID : SA11AI.98531**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BLINN, RICHARD, P, ,

Mailing Address 67 BLOSSOM ROAD

City WINDHAM	State NH	Zip Code 03087
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VICE PRESIDENT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.98532**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 31 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Bolen, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4127 EAST 46TH STREET  
 City TULSA State OK Zip Code 74135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REHAB GRS OT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 23 / 2017**  
**Transaction ID : SA11AI.99561**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Bourne, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-MGD CARE REVENUE DEVELOPI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.98826**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Bourne, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-MGD CARE REVENUE DEVLPM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.98827**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 32 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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**

**A. Bourne, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-MGD CARE REVENUE DEVLPM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98828**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Bourne, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-MGD CARE REVENUE DEVLPM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98829**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Bourne, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-MGD CARE REVENUE DEVLPM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98830**  
 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)	PAGE 33 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Britton, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : SA11AI.98093**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. Britton, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : SA11AI.98094**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. Britton, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.98095**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Britton, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : SA11AI.98096**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. Britton, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : SA11AI.98097**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. Britton, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

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
06	/	16	/	2017

**Transaction ID : SA11AI.98098**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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 35 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Britton, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 DERBY CIRCLE

City HORSHAM	State PA	Zip Code 19044
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-CLINICAL OPERATIONS RN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 455.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98099**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. BROWN, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 MOLLY LANE

City SEBAGO	State ME	Zip Code 04029
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) MANAGER-CLINICAL REIMBURSEME
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 05 / 05 / 2017  
**Transaction ID : SA11AI.99195**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. BROWN, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 MOLLY LANE

City SEBAGO	State ME	Zip Code 04029
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) MANAGER-CLINICAL REIMBURSEME
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 19 / 2017  
**Transaction ID : SA11AI.99196**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 36 OF 252  
(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**

**A. BROWN, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 MOLLY LANE  
 City SEBAGO State ME Zip Code 04029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-CLINICAL REIMBURSEME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99197**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BROWN, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 MOLLY LANE  
 City SEBAGO State ME Zip Code 04029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-CLINICAL REIMBURSEME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99198**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BROWN, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 MOLLY LANE  
 City SEBAGO State ME Zip Code 04029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-CLINICAL REIMBURSEME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.99199**  
 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 37 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Burke, Warren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PHYSICIAN SERVICES  
 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  
 05 / 26 / 2017  
**Transaction ID : SA11AI.97825**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Burke, Warren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PHYSICIAN SERVICES  
 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  
 06 / 09 / 2017  
**Transaction ID : SA11AI.97826**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Burke, Warren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PHYSICIAN SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : SA11AI.97827**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 38 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.69

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.100113**  
 Amount of Each Receipt this Period 35.79  
 Memo Item

**B. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.08

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.100114**  
 Amount of Each Receipt this Period 37.39  
 Memo Item

**C. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.26

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.100115**  
 Amount of Each Receipt this Period 36.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109.36
<b>TOTAL</b> 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 39 OF 252  
(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**

**A. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.05

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.100116**  
 Amount of Each Receipt this Period 35.79  
 Memo Item

**B. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.92

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100117**  
 Amount of Each Receipt this Period 35.87  
 Memo Item

**C. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 443.91

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100118**  
 Amount of Each Receipt this Period 38.99  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.65  
**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 40 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Burnap, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.70

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100119**  
 Amount of Each Receipt this Period 35.79  
 Memo Item

**B. Butler, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 Ebbvale Road  
 City Manchester State MD Zip Code 21102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA SALES & MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98575**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Butler, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 Ebbvale Road  
 City Manchester State MD Zip Code 21102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA SALES & MARKETING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98576**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.79
<b>TOTAL</b> 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 41 OF 252  
(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**

**A. Butler, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 Ebbvale Road  
 City Manchester State MD Zip Code 21102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA SALES & MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98577**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Butler, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 Ebbvale Road  
 City Manchester State MD Zip Code 21102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA SALES & MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98578**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Butler, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 Ebbvale Road  
 City Manchester State MD Zip Code 21102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA SALES & MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98579**  
 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 42 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Camp, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 ABBEY MEMORIAL DR.  
 UNIT 149  
 City CHICOPEE State MA Zip Code 01020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.98379**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Camp, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 ABBEY MEMORIAL DR.  
 UNIT 149  
 City CHICOPEE State MA Zip Code 01020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98380**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Camp, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 ABBEY MEMORIAL DR.  
 UNIT 149  
 City CHICOPEE State MA Zip Code 01020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98381**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> 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 43 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Camp, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 ABBEY MEMORIAL DR.  
 UNIT 149  
 City CHICOPEE State MA Zip Code 01020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98382**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Camp, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 ABBEY MEMORIAL DR.  
 UNIT 149  
 City CHICOPEE State MA Zip Code 01020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98383**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. CANNON, ROBERT, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98166**  
 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: (check only one)	PAGE 44 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. CANNON, ROBERT, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.98167**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. CANNON, ROBERT, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : SA11AI.98168**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. CANNON, ROBERT, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : SA11AI.98169**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 45 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. CANNON, ROBERT, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : SA11AI.98170**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Castor, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2117 Fox Creek Road  
 City Berwyn State PA Zip Code 19312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis HealthCare Corporation Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 29 / 2017**  
**Transaction ID : SA11AI.100821**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cave, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 HYLER STREET  
 City THOMASTON State ME Zip Code 04861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RGNL BUSINESS DEVELC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : SA11AI.99204**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1045.00  
**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 46 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Cave, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 HYLER STREET  
 City THOMASTON State ME Zip Code 04861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RGNL BUSINESS DEVEL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99205**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Cave, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 HYLER STREET  
 City THOMASTON State ME Zip Code 04861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-RGNL BUSINESS DEVEL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99206**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Clune, Betty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-RGNL REV CYC MGMT QA  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100103**  
 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 47 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Clune, Betty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-RGNL REV CYC MGMT Q/  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100104**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. Clune, Betty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-RGNL REV CYC MGMT Q  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100105**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98036**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 56.00  
**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 48 OF 252  
(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**

**A. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98037**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**B. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98038**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**C. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98039**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.00  
**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 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98040**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**B. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98041**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**C. CODY, RICHARD, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 DANFORTH PLACE  
 City WILIMINGTON State DE Zip Code 19810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-IS SUPPORT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98042**  
 Amount of Each Receipt this Period 46.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.00  
**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 50 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98480**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98481**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.98482**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 51 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98483**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98484**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98485**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 52 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Costa, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Jillian Way  
 City Westport State MA Zip Code 02790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CLINICAL OPERATIONS RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98486**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. COX, VICKIE, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97911**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. COX, VICKIE, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97912**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 53 OF 252
	<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**

**A. COX, VICKIE, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) ADMINISTRATOR-EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.97913**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. Crotty, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Munroe Drive

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-QUALITY IMPROVEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98648**

Amount of Each Receipt this Period  
 35.00

Memo Item

**C. Crotty, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Munroe Drive

City Rockport	State MA	Zip Code 01966
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-QUALITY IMPROVEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98649**

Amount of Each Receipt this Period  
 35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 54 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Crotty, Mary, , ,</b>			Date of Receipt
Mailing Address 6 Munroe Drive			<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2017"/>
City Rockport	State MA	Zip Code 01966	<b>Transaction ID : SA11AI.98650</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="35.00"/>
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP-QUALITY IMPROVEMENT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Crotty, Mary, , ,</b>			Date of Receipt
Mailing Address 6 Munroe Drive			<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City Rockport	State MA	Zip Code 01966	<b>Transaction ID : SA11AI.98651</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="35.00"/>
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP-QUALITY IMPROVEMENT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Crotty, Mary, , ,</b>			Date of Receipt
Mailing Address 6 Munroe Drive			<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2017"/>
City Rockport	State MA	Zip Code 01966	<b>Transaction ID : SA11AI.98652</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="35.00"/>
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP-QUALITY IMPROVEMENT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="385.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Crotty, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Munroe Drive  
 City Rockport State MA Zip Code 01966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-QUALITY IMPROVEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98653**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Crotty, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Munroe Drive  
 City Rockport State MA Zip Code 01966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-QUALITY IMPROVEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98654**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. CULLEROT, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 TANGLEWOOD DRIVE  
 City HENNIKER State NH Zip Code 03242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & REGIONAL CONTROLLER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97801**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 56 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. CULLEROT, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 TANGLEWOOD DRIVE

City HENNIKER	State NH	Zip Code 03242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VP & REGIONAL CONTROLLER
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.97802**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. CULLEROT, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 TANGLEWOOD DRIVE

City HENNIKER	State NH	Zip Code 03242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VP & REGIONAL CONTROLLER
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : SA11AI.97803**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. CULLEROT, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 TANGLEWOOD DRIVE

City HENNIKER	State NH	Zip Code 03242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VP & REGIONAL CONTROLLER
--	---

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
05	/	19	/	2017

**Transaction ID : SA11AI.97804**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 57 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. CULLEROT, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 TANGLEWOOD DRIVE

City HENNIKER	State NH	Zip Code 03242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VP & REGIONAL CONTROLLER
--	---

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
06		02		2017

**Transaction ID : SA11AI.97805**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. CULLEROT, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 TANGLEWOOD DRIVE

City HENNIKER	State NH	Zip Code 03242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VP & REGIONAL CONTROLLER
--	---

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
06		16		2017

**Transaction ID : SA11AI.97806**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. CULLEROT, KENNETH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 TANGLEWOOD DRIVE

City HENNIKER	State NH	Zip Code 03242
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VP & REGIONAL CONTROLLER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.97807**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 58 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. CUNNINGHAM, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-CENTRAL BUSINESS OFF  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.98198**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. D'AMICO, PAULA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PROJECT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.98905**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. D'AMICO, PAULA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PROJECT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.98906**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> 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 59 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
D'AMICO, PAULA, , ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-PROJECT MANAGEMENT
---	--

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
05	/	05	/	2017

**Transaction ID : SA11AI.98907**

Amount of Each Receipt this Period  
80.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
D'AMICO, PAULA, , ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-PROJECT MANAGEMENT
---	--

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
05	/	19	/	2017

**Transaction ID : SA11AI.98908**

Amount of Each Receipt this Period  
80.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
D'AMICO, PAULA, , ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-PROJECT MANAGEMENT
---	--

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
06	/	02	/	2017

**Transaction ID : SA11AI.98909**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> 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 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. D'AMICO, PAULA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PROJECT MANAGEMENT  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98910**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. D'AMICO, PAULA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-PROJECT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98911**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Dang, Huong, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2909 W. WILLITS ST.  
 City SANTA ANA State CA Zip Code 92704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100438**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> 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 61 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.97993**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**B. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.97994**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**C. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.97995**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> 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 62 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.97996**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**B. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.97997**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**C. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.97998**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> 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 63 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. DAVIS, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 RICKLAND DRIVE  
 City SEWELL State NJ Zip Code 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.97999**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**B. DIFENDERFER, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DUBB DRIVE  
 City NEWARK State DE Zip Code 19702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98082**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**C. DIFENDERFER, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DUBB DRIVE  
 City NEWARK State DE Zip Code 19702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY  
 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  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98083**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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 64 OF 252  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DIEFENDERFER, CAROLYN, , ,**

Mailing Address 1 DUBB DRIVE

City NEWARK   State DE   Zip Code 19702

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.   Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt **05 / 05 / 2017**

**Transaction ID : SA11AI.98084**

Amount of Each Receipt this Period **55.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DIEFENDERFER, CAROLYN, , ,**

Mailing Address 1 DUBB DRIVE

City NEWARK   State DE   Zip Code 19702

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.   Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 19 / 2017**

**Transaction ID : SA11AI.98085**

Amount of Each Receipt this Period **55.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DIEFENDERFER, CAROLYN, , ,**

Mailing Address 1 DUBB DRIVE

City NEWARK   State DE   Zip Code 19702

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.   Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY

Receipt For:  Primary    General    Other (specify)

Aggregate Year-to-Date ▼ **605.00**

Date of Receipt **06 / 02 / 2017**

**Transaction ID : SA11AI.98086**

Amount of Each Receipt this Period **55.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

**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 65 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. DIEFENDERFER, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DUBB DRIVE  
 City NEWARK State DE Zip Code 19702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98087**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. DIEFENDERFER, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 DUBB DRIVE  
 City NEWARK State DE Zip Code 19702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-CORPORATE BILLING SY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98088**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLLI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98310**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	302.00
<b>TOTAL</b> 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 66 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.98311**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.98312**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.98313**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<b>TOTAL</b> 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 67 OF 252  
(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**

**A. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98314**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98315**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. DIVITTORIO, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VP & ASST CORPORATE CONTROLL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98316**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.00  
**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 68 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.98442**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.98443**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.98444**  
 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 69 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98445**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98446**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98447**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 70 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Dodge-Krupa, Novaleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 PLEASANT STREET  
 City READING State MA Zip Code 01867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98448**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. EDDY, SHAWN, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5109 BRIAR MEADOW DRIVE  
 City CROSS LANES State WV Zip Code 25313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98118**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. EDDY, SHAWN, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5109 BRIAR MEADOW DRIVE  
 City CROSS LANES State WV Zip Code 25313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98119**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 71 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. EDDY, SHAWN, P, ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 5109 BRIAR MEADOW DRIVE		<b>Transaction ID : SA11AI.98120</b>
City CROSS LANES	State WV	Zip Code 25313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Edwards, J. Richard, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2017
Mailing Address 29 SOUTHAMPTON PARISH ROAD		<b>Transaction ID : SA11AI.98925</b>
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP AND TREASURER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Edwards, J. Richard, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2017
Mailing Address 29 SOUTHAMPTON PARISH ROAD		<b>Transaction ID : SA11AI.98926</b>
City LANDENBERG	State PA	Zip Code 19350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP AND TREASURER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 560.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> 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 72 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Edwards, J. Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98927**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Edwards, J. Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98928**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**C. Edwards, J. Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98929**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> 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 73 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Edwards, J. Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98930**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Edwards, J. Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98931**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**C. Edwards, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 26 / 2017  
**Transaction ID : SA11AI.99697**  
 Amount of Each Receipt this Period 10.00  
 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:	PAGE 74 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. EMRICK, CHRISTINE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99416**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. EMRICK, CHRISTINE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99417**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. EMRICK, CHRISTINE, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.99418**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 75 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 581.22

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98358**  
 Amount of Each Receipt this Period 96.63  
 Memo Item

**B. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 662.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98359**  
 Amount of Each Receipt this Period 80.78  
 Memo Item

**C. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 738.93

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98360**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.34
<b>TOTAL</b> 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 76 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 826.59

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98361**  
 Amount of Each Receipt this Period 87.66  
 Memo Item

**B. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 905.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98362**  
 Amount of Each Receipt this Period 78.70  
 Memo Item

**C. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 988.18

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98363**  
 Amount of Each Receipt this Period 82.89  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.25
<b>TOTAL</b> 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 77 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. ESTEL, HOLLY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2048 PINECREST DRIVE  
 City MORGANTOWN State WV Zip Code 26505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CLINICAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1068.87

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98364**  
 Amount of Each Receipt this Period 80.69  
 Memo Item

**B. FARLEY, CYNTHIA, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98870**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. FARLEY, CYNTHIA, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL MARKETING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98871**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.69
<b>TOTAL</b> 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 78 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. FARLEY, CYNTHIA, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL MARKETING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98872**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99896**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

**C. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.99897**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.00
<b>TOTAL</b> 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 79 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99898**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

**B. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99899**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

**C. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99900**  
 Amount of Each Receipt this Period 37.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111.00
<b>TOTAL</b> 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 80 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 447.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99901**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Farmer, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9035 VILLAGE  
 City ALBUQUERQUE State NM Zip Code 87122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 487.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99902**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. FEICK, DEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 MERION LANE  
 City READING State PA Zip Code 19607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97828**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 81 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. FEICK, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.97829**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. FEICK, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : SA11AI.97830**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. FEICK, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) 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
05	/	19	/	2017

**Transaction ID : SA11AI.97831**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 82 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. FEICK, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP
--	---

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
06		02		2017

**Transaction ID : SA11AI.97832**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. FEICK, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP
--	---

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
06		16		2017

**Transaction ID : SA11AI.97833**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. FEICK, DEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 MERION LANE

City READING	State PA	Zip Code 19607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.97834**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 83 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. FINK, RICHARD, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GREENTREE DRIVE

City PHEONIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-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
04		07		2017

**Transaction ID : SA11AI.98266**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. FINK, RICHARD, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GREENTREE DRIVE

City PHEONIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-REIMBURSEMENT
---	---

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
04		21		2017

**Transaction ID : SA11AI.98267**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. FINK, RICHARD, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 GREENTREE DRIVE

City PHEONIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-REIMBURSEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.98268**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 84 OF 252
	<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**

**A. FINK, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 GREENTREE DRIVE  
 City PHEONIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98269**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. FINK, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 GREENTREE DRIVE  
 City PHEONIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98270**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. FINK, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 GREENTREE DRIVE  
 City PHEONIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98271**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 85 OF 252  
(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**

**A. FINK, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 GREENTREE DRIVE  
 City PHEONIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REIMBURSEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98272**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. FLESHNER, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 ROXBURY DRIVE  
 City BETHESDA State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) SR VP-CLINICAL PRACTICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98227**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. FLESHNER, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 ROXBURY DRIVE  
 City BETHESDA State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) SR VP-CLINICAL PRACTICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98228**  
 Amount of Each Receipt this Period 25.00  
 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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 86 OF 252  
(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**

**A. FLESHNER, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 ROXBURY DRIVE  
 City BETHESDA State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) SR VP-CLINICAL PRACTICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98229**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. FLESHNER, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 ROXBURY DRIVE  
 City BETHESDA State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) SR VP-CLINICAL PRACTICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98230**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. FLESHNER, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4613 ROXBURY DRIVE  
 City BETHESDA State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) SR VP-CLINICAL PRACTICE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98231**  
 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 87 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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**

**A. GREGORY, DENNIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : SA11AI.97870**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. GREGORY, DENNIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.97871**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. GREGORY, DENNIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : SA11AI.97872**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 88 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. GREGORY, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.97873**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. GREGORY, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97874**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. GREGORY, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97875**  
 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 89 OF 252  
(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**

**A. GREGORY, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTH VENTURES, INC.   Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97876**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HADDON, KATHY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 LEE ROAD  
 City FOLLANSBEE   State WV   Zip Code 26037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION   Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97949**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. HADDON, KATHY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 LEE ROAD  
 City FOLLANSBEE   State WV   Zip Code 26037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION   Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.97950**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 235.00  
**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 90 OF 252  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HADDON, KATHY, L, ,

Mailing Address 312 LEE ROAD

City FOLLANSBEE   State WV   Zip Code 26037

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION   Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.97951**

Amount of Each Receipt this Period 100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HADDON, KATHY, L, ,

Mailing Address 312 LEE ROAD

City FOLLANSBEE   State WV   Zip Code 26037

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION   Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.97952**

Amount of Each Receipt this Period 100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HADDON, KATHY, L, ,

Mailing Address 312 LEE ROAD

City FOLLANSBEE   State WV   Zip Code 26037

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION   Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP

Receipt For:  Primary    General    Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97953**

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 91 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. HADDON, KATHY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 LEE ROAD  
 City FOLLANSBEE State WV Zip Code 26037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97954**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HADDON, KATHY, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 LEE ROAD  
 City FOLLANSBEE State WV Zip Code 26037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97955**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Covington Drive  
 City Shrewsbury State PA Zip Code 17361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis HealthCare Corp Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 14 / 2017  
**Transaction ID : SA11AI.98716**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> 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 92 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Covington Drive

City Shrewsbury	State PA	Zip Code 17361
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Genesis HealthCare Corp	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2017  
**Transaction ID : SA11AI.98717**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Covington Drive

City Shrewsbury	State PA	Zip Code 17361
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Genesis HealthCare Corp	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2017  
**Transaction ID : SA11AI.98718**

Amount of Each Receipt this Period  
 5.00

Memo Item

**C. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Covington Drive

City Shrewsbury	State PA	Zip Code 17361
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Genesis HealthCare Corp	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017  
**Transaction ID : SA11AI.98719**

Amount of Each Receipt this Period  
 5.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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 93 OF 252
<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**

**A. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Covington Drive  
 City Shrewsbury State PA Zip Code 17361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis HealthCare Corp Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : SA11AI.98720**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Covington Drive  
 City Shrewsbury State PA Zip Code 17361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis HealthCare Corp Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : SA11AI.98721**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. Harris, Wm. Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 PATRIOT DRIVE  
 City COLLEGEVILLE State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98496**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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 94 OF 252  
(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**

**A. Harris, Wm. Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 PATRIOT DRIVE  
 City COLLEGEVILLE State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98497**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Harris, Wm. Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 PATRIOT DRIVE  
 City COLLEGEVILLE State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98498**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98456**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.50  
**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 95 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.98457**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**B. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.98458**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**C. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.98459**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.50
<b>TOTAL</b> 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 96 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98460**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**B. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98461**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**C. Hauswald, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP STRATEGIC DEVELOP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98462**  
 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: PAGE 97 OF 252  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HIRSCHFELD, DANIEL, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) EXECUTIVE VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 07 / 2017

**Transaction ID : SA11AI.99101**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HIRSCHFELD, DANIEL, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) EXECUTIVE VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 21 / 2017

**Transaction ID : SA11AI.99102**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HIRSCHFELD, DANIEL, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) EXECUTIVE VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 05 / 2017

**Transaction ID : SA11AI.99103**

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:	PAGE 98 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. HIRSCHFELD, DANIEL, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.99104**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. HIRSCHFELD, DANIEL, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99105**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. HIRSCHFELD, DANIEL, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99106**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 99 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. HIRSCHFELD, DANIEL, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99107**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. HOLLAND, NATALIE, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2306 SULGRAVE AVENUE  
 City BALTIMORE State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.50

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98033**  
 Amount of Each Receipt this Period 18.50  
 Memo Item

**C. HOLLAND, NATALIE, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2306 SULGRAVE AVENUE  
 City BALTIMORE State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98034**  
 Amount of Each Receipt this Period 18.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	187.00
<b>TOTAL</b> 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 100 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. HOLLAND, NATALIE, P, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2306 SULGRAVE AVENUE

City BALTIMORE	State MD	Zip Code 21209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-DEVELOPMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.98035**

Amount of Each Receipt this Period  
18.50

Memo Item

**B. Hopping, Darin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 FOXGLOVE LN

City LEXINGTON	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : SA11AI.99981**

Amount of Each Receipt this Period  
74.67

Memo Item

**C. Hopping, Darin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 FOXGLOVE LN

City LEXINGTON	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
685.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : SA11AI.99982**

Amount of Each Receipt this Period  
74.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	167.84
<b>TOTAL</b> 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 101 OF 252  
(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**

**A. Hopping, Darin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 FOXGLOVE LN  
 City LEXINGTON State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 759.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.99983**  
 Amount of Each Receipt this Period  
 74.67  
 Memo Item

**B. Hopping, Darin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 FOXGLOVE LN  
 City LEXINGTON State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 834.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.99984**  
 Amount of Each Receipt this Period  
 74.67  
 Memo Item

**C. Hopping, Darin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 FOXGLOVE LN  
 City LEXINGTON State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 909.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99985**  
 Amount of Each Receipt this Period  
 74.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 224.01  
**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 102 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Hopping, Darin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 FOXGLOVE LN  
 City LEXINGTON State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 983.82

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99986**  
 Amount of Each Receipt this Period 74.67  
 Memo Item

**B. Hopping, Darin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 FOXGLOVE LN  
 City LEXINGTON State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1058.49

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99987**  
 Amount of Each Receipt this Period 74.67  
 Memo Item

**C. JONES, REGINA, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 WEATHERLY AVENUE  
 City NEWPORT State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-NURSING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : SA11AI.97894**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	159.34
<b>TOTAL</b> 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 103 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. JONES, REGINA, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 WEATHERLY AVENUE  
 City NEWPORT State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97895**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. JONES, REGINA, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 WEATHERLY AVENUE  
 City NEWPORT State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : SA11AI.97896**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. JONES, REGINA, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 WEATHERLY AVENUE  
 City NEWPORT State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97897**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 25.00  
**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 104 OF 252
	<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**

**A. JONES, REGINA, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 WEATHERLY AVENUE  
 City NEWPORT State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : SA11AI.97898**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. JONES, REGINA, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 WEATHERLY AVENUE  
 City NEWPORT State RI Zip Code 02840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97899**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. Kalmus, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 996 WAMPLER LANE  
 City WESTMINSTER State MD Zip Code 21158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER SR. EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : SA11AI.98429**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 105 OF 252  
(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**

**A. Kalmus, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 996 WAMPLER LANE  
 City WESTMINSTER State MD Zip Code 21158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER SR. EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : SA11AI.98430**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Kalmus, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 996 WAMPLER LANE  
 City WESTMINSTER State MD Zip Code 21158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER SR. EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : SA11AI.98431**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Kellogg, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1454 MARION CARDINGTON RD E  
 City MARION State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 343.30

Date of Receipt 04 / 14 / 2017  
**Transaction ID : SA11AI.99652**  
 Amount of Each Receipt this Period 43.62  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.62  
**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 106 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Kellogg, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1454 MARION CARDINGTON RD E  
 City MARION State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.61

Date of Receipt **04 / 28 / 2017**  
**Transaction ID : SA11AI.99653**  
 Amount of Each Receipt this Period 42.31  
 Memo Item

**B. Kellogg, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1454 MARION CARDINGTON RD E  
 City MARION State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 427.92

Date of Receipt **05 / 12 / 2017**  
**Transaction ID : SA11AI.99654**  
 Amount of Each Receipt this Period 42.31  
 Memo Item

**C. Kellogg, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1454 MARION CARDINGTON RD E  
 City MARION State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 472.62

Date of Receipt **05 / 26 / 2017**  
**Transaction ID : SA11AI.99655**  
 Amount of Each Receipt this Period 44.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	129.32
<b>TOTAL</b> 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 107 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Kellogg, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1454 MARION CARDINGTON RD E  
 City MARION State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 514.93

Date of Receipt 06 / 09 / 2017  
**Transaction ID : SA11AI.99656**  
 Amount of Each Receipt this Period 42.31  
 Memo Item

**B. Kellogg, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1454 MARION CARDINGTON RD E  
 City MARION State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 559.68

Date of Receipt 06 / 23 / 2017  
**Transaction ID : SA11AI.99657**  
 Amount of Each Receipt this Period 44.75  
 Memo Item

**C. Kinney, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 SWAMP RD.  
 City COVENTRY State CT Zip Code 06238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 478.44

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98301**  
 Amount of Each Receipt this Period 69.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	156.21
<b>TOTAL</b> 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 108 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Kinney, Trevor, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 SWAMP RD.

City COVENTRY	State CT	Zip Code 06238
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.98302**

Amount of Each Receipt this Period  
66.04

Memo Item

**B. Kinney, Trevor, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 SWAMP RD.

City COVENTRY	State CT	Zip Code 06238
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : SA11AI.98303**

Amount of Each Receipt this Period  
66.04

Memo Item

**C. Kinney, Trevor, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 SWAMP RD.

City COVENTRY	State CT	Zip Code 06238
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
682.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : SA11AI.98304**

Amount of Each Receipt this Period  
72.38

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.46
<b>TOTAL</b> 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 109 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Kinney, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 SWAMP RD.  
 City COVENTRY State CT Zip Code 06238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 753.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98305**  
 Amount of Each Receipt this Period 71.01  
 Memo Item

**B. Kinney, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 SWAMP RD.  
 City COVENTRY State CT Zip Code 06238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 821.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98306**  
 Amount of Each Receipt this Period 67.52  
 Memo Item

**C. Kinney, Trevor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 SWAMP RD.  
 City COVENTRY State CT Zip Code 06238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 887.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98307**  
 Amount of Each Receipt this Period 66.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.57
<b>TOTAL</b> 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 110 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNOEPFEL, ERIN, , ,

Mailing Address 9128 VALLEY VIEW DRIVE

City CLARKS SUMMIT	State PA	Zip Code 18411
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-CONSULTING
---	--

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
04 / 07 / 2017

**Transaction ID : SA11AI.98979**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNOEPFEL, ERIN, , ,

Mailing Address 9128 VALLEY VIEW DRIVE

City CLARKS SUMMIT	State PA	Zip Code 18411
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-CONSULTING
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 21 / 2017

**Transaction ID : SA11AI.98980**

Amount of Each Receipt this Period  

2.00
------

 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNOEPFEL, ERIN, , ,

Mailing Address 9128 VALLEY VIEW DRIVE

City CLARKS SUMMIT	State PA	Zip Code 18411
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-CONSULTING
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
214.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 05 / 2017

**Transaction ID : SA11AI.98981**

Amount of Each Receipt this Period  

2.00
------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.00
<b>TOTAL</b> 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 111 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNOEPFEL, ERIN, , ,

Mailing Address 9128 VALLEY VIEW DRIVE

City CLARKS SUMMIT	State PA	Zip Code 18411
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-CONSULTING
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : SA11AI.98982**

Amount of Each Receipt this Period  
2.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNOEPFEL, ERIN, , ,

Mailing Address 9128 VALLEY VIEW DRIVE

City CLARKS SUMMIT	State PA	Zip Code 18411
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-CONSULTING
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.98983**

Amount of Each Receipt this Period  
2.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KNOEPFEL, ERIN, , ,

Mailing Address 9128 VALLEY VIEW DRIVE

City CLARKS SUMMIT	State PA	Zip Code 18411
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) 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
06		16		2017

**Transaction ID : SA11AI.98984**

Amount of Each Receipt this Period  
2.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6.00
<b>TOTAL</b> 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 112 OF 252
<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**

**A. KNOEPFEL, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9128 VALLEY VIEW DRIVE  
 City CLARKS SUMMIT State PA Zip Code 18411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-CONSULTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98985**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**B. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98245**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.00
<b>TOTAL</b> 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 113 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98246**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98247**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98248**  
 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)	PAGE 114 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98249**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Kurowski, Mary Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 MEMEL DRIVE  
 City THORNTON State PA Zip Code 19373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SN ALF SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98250**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. LABATE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 MACDONALD DRIVE  
 City NASHUA State NH Zip Code 03062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CLINICAL SVS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98487**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 115 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. LABATE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 MACDONALD DRIVE  
 City NASHUA State NH Zip Code 03062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CLINICAL SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.98488**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. LABATE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 MACDONALD DRIVE  
 City NASHUA State NH Zip Code 03062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CLINICAL SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.98489**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. LABATE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 MACDONALD DRIVE  
 City NASHUA State NH Zip Code 03062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CLINICAL SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.98490**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 116 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. LABATE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 MACDONALD DRIVE  
 City NASHUA State NH Zip Code 03062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CLINICAL SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98491**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. LANE, LAURENCE, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 STEPHENS DRIVE  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98675**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. LANE, LAURENCE, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 STEPHENS DRIVE  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98676**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 117 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LANE, LAURENCE, F, ,

Mailing Address 1616 STEPHENS DRIVE

City WAYNE	State PA	Zip Code 19087
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP GOVERNMENT RELATIONS
---	--

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
05		05		2017

**Transaction ID : SA11AI.98677**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LANE, LAURENCE, F, ,

Mailing Address 1616 STEPHENS DRIVE

City WAYNE	State PA	Zip Code 19087
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP GOVERNMENT RELATIONS
---	--

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
05		19		2017

**Transaction ID : SA11AI.98678**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LANE, LAURENCE, F, ,

Mailing Address 1616 STEPHENS DRIVE

City WAYNE	State PA	Zip Code 19087
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP GOVERNMENT RELATIONS
---	--

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
06		02		2017

**Transaction ID : SA11AI.98679**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 118 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. LANE, LAURENCE, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 STEPHENS DRIVE  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98680**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. LANE, LAURENCE, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 STEPHENS DRIVE  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98681**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Larson, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 UNIVERSITY AVE  
 City LADERA RANCH State CA Zip Code 92694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE GENERAL COUNSEL  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100443**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> 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 119 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Larson, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 UNIVERSITY AVE  
 City LADERA RANCH State CA Zip Code 92694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE GENERAL COUNSEL  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.100444**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Larson, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 UNIVERSITY AVE  
 City LADERA RANCH State CA Zip Code 92694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.100445**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. LATHAM, MARK, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 CRAM ROAD  
 City SANBORNTON State NH Zip Code 03269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98605**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 120 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. LATHAM, MARK, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 CRAM ROAD  
 City SANBORNTON State NH Zip Code 03269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98606**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. LATHAM, MARK, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 CRAM ROAD  
 City SANBORNTON State NH Zip Code 03269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98607**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98918**  
 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: PAGE 121 OF 252  
(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**

**A. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98919**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98920**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98921**  
 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: PAGE 122 OF 252  
(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**

**A. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98922**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98923**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LOOME, JOHN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SENIOR MEDICAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98924**  
 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:	PAGE 123 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOUX, DONALEE, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : SA11AI.97973**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOUX, DONALEE, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.97974**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOUX, DONALEE, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : SA11AI.97975**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 124 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOUX, DONALEE, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION
---	---

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
05		19		2017

**Transaction ID : SA11AI.97976**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOUX, DONALEE, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION
---	---

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
06		02		2017

**Transaction ID : SA11AI.97977**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LOUX, DONALEE, A, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION
---	---

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
06		16		2017

**Transaction ID : SA11AI.97978**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 125 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. LOUX, DONALEE, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS APPL RPTG SOLUTION  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97979**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98150**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98151**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**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 126 OF 252  
(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**

**A. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98152**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98153**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98154**  
 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:	PAGE 127 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98155**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. MALEY, MAUREEN, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98156**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Malo, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 PLEASANT ST UNIT 5  
 City NORTH OXFORD State MA Zip Code 01537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : SA11AI.100721**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 128 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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**

**A. Malo, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 PLEASANT ST  
 UNIT 5  
 City NORTH OXFORD State MA Zip Code 01537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100722**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Malo, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 PLEASANT ST  
 UNIT 5  
 City NORTH OXFORD State MA Zip Code 01537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 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  
 06 / 09 / 2017  
**Transaction ID : SA11AI.100723**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Malo, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 PLEASANT ST  
 UNIT 5  
 City NORTH OXFORD State MA Zip Code 01537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.100724**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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 129 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Malo, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 PLEASANT ST  
 UNIT 5  
 City NORTH OXFORD State MA Zip Code 01537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 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  
 06 / 23 / 2017  
**Transaction ID : SA11AI.100725**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Malo, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 PLEASANT ST  
 UNIT 5  
 City NORTH OXFORD State MA Zip Code 01537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.100726**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. MARKS, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 ELWOOD ROAD  
 City ELWOOD State NJ Zip Code 08217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98740**  
 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: (check only one)	PAGE 130 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. MARKS, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 ELWOOD ROAD  
 City ELWOOD State NJ Zip Code 08217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98741**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. MARKS, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 ELWOOD ROAD  
 City ELWOOD State NJ Zip Code 08217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98742**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 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  
 04 / 07 / 2017  
**Transaction ID : SA11AI.97914**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> 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 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.97915**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.97916**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.97917**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 132 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 06 / 02 / 2017  
**Transaction ID : SA11AI.97918**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 06 / 16 / 2017  
**Transaction ID : SA11AI.97919**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. MASON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 MOUNTAIN VIEW DRIVE  
 City OAKLAND State MD Zip Code 21550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-CENTERS GROUP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.97920**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 133 OF 252  
(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**

**A. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.100042**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.100043**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100044**  
 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: PAGE 134 OF 252  
(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**

**A. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.100045**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100046**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.100047**  
 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)	PAGE 135 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Matheson, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14560 W KENSINGTON CT  
 City BOISE State ID Zip Code 83713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-REGIONAL SALES-MKTG  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100048**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MCCASKEY, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-SR LABOR MGMT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97798**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MCCASKEY, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-SR LABOR MGMT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.97799**  
 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:	PAGE 136 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. MCCASKEY, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-SR LABOR MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.97800**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McDaniel, Kristi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14006 MERGANSER DR  
 City HOUSTON State TX Zip Code 77047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100535**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. McDaniel, Kristi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14006 MERGANSER DR  
 City HOUSTON State TX Zip Code 77047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100536**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 137 OF 252  
(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**

**A. McDaniel, Kristi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14006 MERGANSER DR  
 City HOUSTON State TX Zip Code 77047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100537**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. MCGINTY, LAURA, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97980**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MCGINTY, LAURA, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.97981**  
 Amount of Each Receipt this Period 35.00  
 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:	PAGE 138 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCGINTY, LAURA, T, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S'
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.97982**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCGINTY, LAURA, T, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : SA11AI.97983**

Amount of Each Receipt this Period  
35.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MCGINTY, LAURA, T, ,

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S\
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.97984**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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 139 OF 252  
(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**

**A. MCGINTY, LAURA, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S'  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97985**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MCGINTY, LAURA, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-PROFESSIONAL S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97986**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) MANAGER-INFORMATION SVS II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99995**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 108.50  
**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 140 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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**

**A. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): GENESIS HEALTHCARE CORPORATION  
 Occupation (for Individual): MANAGER-INFORMATION SVS II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 308.00

Date of Receipt: 04 / 21 / 2017  
**Transaction ID : SA11AI.99996**  
 Amount of Each Receipt this Period: 38.50  
 Memo Item

**B. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): GENESIS HEALTHCARE CORPORATION  
 Occupation (for Individual): MANAGER-INFORMATION SVS II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 346.50

Date of Receipt: 05 / 05 / 2017  
**Transaction ID : SA11AI.99997**  
 Amount of Each Receipt this Period: 38.50  
 Memo Item

**C. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): GENESIS HEALTHCARE CORPORATION  
 Occupation (for Individual): MANAGER-INFORMATION SVS II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 385.00

Date of Receipt: 05 / 19 / 2017  
**Transaction ID : SA11AI.99998**  
 Amount of Each Receipt this Period: 38.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.50
<b>TOTAL</b> 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 141 OF 252  
(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**

**A. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): GENESIS HEALTHCARE CORPORATION  
 Occupation (for Individual): MANAGER-INFORMATION SVS II  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼: 423.50

Date of Receipt: 06 / 02 / 2017  
**Transaction ID : SA11AI.99999**  
 Amount of Each Receipt this Period: 38.50  
 Memo Item

**B. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): GENESIS HEALTHCARE CORPORATION  
 Occupation (for Individual): MANAGER-INFORMATION SVS II  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼: 462.00

Date of Receipt: 06 / 16 / 2017  
**Transaction ID : SA11AI.100000**  
 Amount of Each Receipt this Period: 38.50  
 Memo Item

**C. McKenna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): GENESIS HEALTHCARE CORPORATION  
 Occupation (for Individual): MANAGER-INFORMATION SVS II  
 Receipt For:  Primary     General  
                    Other (specify)  
 Aggregate Year-to-Date ▼: 500.50

Date of Receipt: 06 / 30 / 2017  
**Transaction ID : SA11AI.100001**  
 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 142 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. McNelly, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 ENGLISH RUN CIRCLE  
 City SPARKS GLENCOE State MD Zip Code 21152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-RHS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2017  
**Transaction ID : SA11AI.100562**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. McNelly, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 ENGLISH RUN CIRCLE  
 City SPARKS GLENCOE State MD Zip Code 21152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-RHS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2017  
**Transaction ID : SA11AI.100563**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. McNelly, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 ENGLISH RUN CIRCLE  
 City SPARKS GLENCOE State MD Zip Code 21152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-RHS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2017  
**Transaction ID : SA11AI.100564**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 143 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. McNelly, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 ENGLISH RUN CIRCLE  
 City SPARKS GLENCOE State MD Zip Code 21152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-RHS  
 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  
 05 / 26 / 2017  
**Transaction ID : SA11AI.100565**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. McNelly, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 ENGLISH RUN CIRCLE  
 City SPARKS GLENCOE State MD Zip Code 21152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-RHS  
 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  
 06 / 09 / 2017  
**Transaction ID : SA11AI.100566**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. McNelly, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 ENGLISH RUN CIRCLE  
 City SPARKS GLENCOE State MD Zip Code 21152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-RHS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : SA11AI.100567**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 144 OF 252
	<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**

**A. McQuain, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-AREA GRS II PT
---	--

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  
 05 / 26 / 2017  
**Transaction ID : SA11AI.100179**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. McQuain, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-AREA GRS II PT
---	--

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  
 06 / 09 / 2017  
**Transaction ID : SA11AI.100180**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. McQuain, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) DIRECTOR-AREA GRS II PT
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : SA11AI.100181**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 145 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MERRILL, WILLIAM, T, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2017 <b>Transaction ID : SA11AI.97860</b>		
Mailing Address 225 TUDOR DRIVE			Amount of Each Receipt this Period 20.00		
City NORTH WALES	State PA	Zip Code 19454	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 220.00		
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) DIRECTOR-HUMAN RESOURCES RE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MERRILL, WILLIAM, T, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2017 <b>Transaction ID : SA11AI.97861</b>		
Mailing Address 225 TUDOR DRIVE			Amount of Each Receipt this Period 20.00		
City NORTH WALES	State PA	Zip Code 19454	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00		
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) DIRECTOR-HUMAN RESOURCES RE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MERRILL, WILLIAM, T, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2017 <b>Transaction ID : SA11AI.97862</b>		
Mailing Address 225 TUDOR DRIVE			Amount of Each Receipt this Period 20.00		
City NORTH WALES	State PA	Zip Code 19454	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) DIRECTOR-HUMAN RESOURCES RE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 146 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Middlemass, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 GOLDEN BROOK ROAD  
 P.O. BOX 955  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99562**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Middlemass, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 GOLDEN BROOK ROAD  
 P.O. BOX 955  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.99563**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Middlemass, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 GOLDEN BROOK ROAD  
 P.O. BOX 955  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99564**  
 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: PAGE 147 OF 252  
(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**

**A. Middlemass, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 GOLDEN BROOK ROAD  
 P.O. BOX 955  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99565**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Middlemass, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 GOLDEN BROOK ROAD  
 P.O. BOX 955  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99566**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Middlemass, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 GOLDEN BROOK ROAD  
 P.O. BOX 955  
 City WINDHAM State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99567**  
 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 148 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Middlemass, Peter, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 GOLDEN BROOK ROAD  
P.O. BOX 955

City WINDHAM	State NH	Zip Code 03087
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP-BUSINESS DEVELOPMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.99568**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Mills, Rebecca, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) 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
06		16		2017

**Transaction ID : SA11AI.99682**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Mills, Rebecca, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) 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
06		30		2017

**Transaction ID : SA11AI.99683**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 149 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Mistretta, Cassie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8405 NUGGET DR  
 City MOBILE State AL Zip Code 36695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100024**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Mistretta, Cassie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8405 NUGGET DR  
 City MOBILE State AL Zip Code 36695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.100025**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Mistretta, Cassie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8405 NUGGET DR  
 City MOBILE State AL Zip Code 36695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100026**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 150 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Mistretta, Cassie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8405 NUGGET DR  
 City MOBILE State AL Zip Code 36695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.100027**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Mistretta, Cassie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8405 NUGGET DR  
 City MOBILE State AL Zip Code 36695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.100028**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.99022**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 151 OF 252  
(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**

**A. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.99023**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99024**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99025**  
 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)	PAGE 152 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99026**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99027**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MONTGOMERY, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99028**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 153 OF 252
	<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**

**A. Moore, Rochelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 DIPINO DRIVE  
 City COLLIERS State WV Zip Code 26035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE GENERAL COUNSEL  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100282**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Moore, Rochelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 DIPINO DRIVE  
 City COLLIERS State WV Zip Code 26035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE GENERAL COUNSEL  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.100283**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Moore, Rochelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 DIPINO DRIVE  
 City COLLIERS State WV Zip Code 26035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ASSOCIATE GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.100284**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 154 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Mulford, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2454 ROSEHAVEN DRIVE

City WESLEY CHAPEL	State FL	Zip Code 33544
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT
---	---

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
04		07		2017

**Transaction ID : SA11AI.99988**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Mulford, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2454 ROSEHAVEN DRIVE

City WESLEY CHAPEL	State FL	Zip Code 33544
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT
---	---

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
04		21		2017

**Transaction ID : SA11AI.99989**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. Mulford, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2454 ROSEHAVEN DRIVE

City WESLEY CHAPEL	State FL	Zip Code 33544
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.99990**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> 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 155 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Mulford, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2454 ROSEHAVEN DRIVE  
 City WESLEY CHAPEL State FL Zip Code 33544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.99991**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Mulford, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2454 ROSEHAVEN DRIVE  
 City WESLEY CHAPEL State FL Zip Code 33544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99992**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Mulford, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2454 ROSEHAVEN DRIVE  
 City WESLEY CHAPEL State FL Zip Code 33544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99993**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 156 OF 252
	<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**

**A. Mulford, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2454 ROSEHAVEN DRIVE  
 City WESLEY CHAPEL State FL Zip Code 33544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99994**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Mullen-Winer, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38267 POPPET CANYON DR  
 City PALM DESERT State CA Zip Code 92260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99871**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Mullen-Winer, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38267 POPPET CANYON DR  
 City PALM DESERT State CA Zip Code 92260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99872**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> 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 157 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Mullen-Winer, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38267 POPPET CANYON DR  
 City PALM DESERT State CA Zip Code 92260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99873**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Mullen-Winer, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38267 POPPET CANYON DR  
 City PALM DESERT State CA Zip Code 92260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99874**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Mullen-Winer, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38267 POPPET CANYON DR  
 City PALM DESERT State CA Zip Code 92260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS REHAB SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99875**  
 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: PAGE 158 OF 252  
(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**

**A. Mullins, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 SUMMIT RIDGE RD  
 City WHITE HALL    State WV    Zip Code 26554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99074**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Mullins, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 SUMMIT RIDGE RD  
 City WHITE HALL    State WV    Zip Code 26554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99075**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Mullins, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 SUMMIT RIDGE RD  
 City WHITE HALL    State WV    Zip Code 26554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-RISK MGMT PROGRAMS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99076**  
 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 159 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MURRAY, LAUREN, F, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2017 <b>Transaction ID : SA11AI.98580</b>
Mailing Address 440 MAIN STREET			Amount of Each Receipt this Period 50.00
City AMESBURY	State MA	Zip Code 01913	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00	
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MURRAY, LAUREN, F, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2017 <b>Transaction ID : SA11AI.98581</b>
Mailing Address 440 MAIN STREET			Amount of Each Receipt this Period 50.00
City AMESBURY	State MA	Zip Code 01913	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00	
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MURRAY, LAUREN, F, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2017 <b>Transaction ID : SA11AI.98582</b>
Mailing Address 440 MAIN STREET			Amount of Each Receipt this Period 50.00
City AMESBURY	State MA	Zip Code 01913	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00	
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 160 OF 252  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MURRAY, LAUREN, F, ,

Mailing Address 440 MAIN STREET

City AMESBURY	State MA	Zip Code 01913
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : SA11AI.98583**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MURRAY, LAUREN, F, ,

Mailing Address 440 MAIN STREET

City AMESBURY	State MA	Zip Code 01913
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : SA11AI.98584**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MURRAY, LAUREN, F, ,

Mailing Address 440 MAIN STREET

City AMESBURY	State MA	Zip Code 01913
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : SA11AI.98585**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 161 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. MURRAY, LAUREN, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 440 MAIN STREET  
 City AMESBURY State MA Zip Code 01913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98586**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Myers, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.100049**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**C. Myers, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.100050**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.00
<b>TOTAL</b> 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 162 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Myers, Cynthia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.100051**

Amount of Each Receipt this Period  
39.00

Memo Item

**B. Myers, Cynthia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : SA11AI.100052**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Myers, Cynthia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
371.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.100053**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.00
<b>TOTAL</b> 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 163 OF 252  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Myers, Cynthia, , ,**

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
381.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : SA11AI.100054**

Amount of Each Receipt this Period  
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Myers, Cynthia, , ,**

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
391.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : SA11AI.100055**

Amount of Each Receipt this Period  
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NAUSE, KEITH, , ,**

Mailing Address 5 COOPERSTOWN COURT

City PHOENIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP & REGIONAL CONTROLLER
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : SA11AI.98413**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> 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 164 OF 252  
(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**

**A. NAUSE, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 COOPERSTOWN COURT  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP & REGIONAL CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98414**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. NAUSE, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 COOPERSTOWN COURT  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP & REGIONAL CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.98415**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. NAUSE, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 COOPERSTOWN COURT  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP & REGIONAL CONTROLLER  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98416**  
 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:	PAGE 165 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. NAUSE, KEITH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 COOPERSTOWN COURT

City PHOENIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP & REGIONAL CONTROLLER
---	---

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
06	/	02	/	2017

**Transaction ID : SA11AI.98417**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. NAUSE, KEITH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 COOPERSTOWN COURT

City PHOENIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP & REGIONAL CONTROLLER
---	---

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
06	/	16	/	2017

**Transaction ID : SA11AI.98418**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. NAUSE, KEITH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 COOPERSTOWN COURT

City PHOENIX	State MD	Zip Code 21131
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP & REGIONAL CONTROLLER
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : SA11AI.98419**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 166 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Nichols, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 E CAMBRIDGE DR  
 City TUCSON State AZ Zip Code 85704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100089**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Nichols, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 E CAMBRIDGE DR  
 City TUCSON State AZ Zip Code 85704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.100090**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Nichols, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 E CAMBRIDGE DR  
 City TUCSON State AZ Zip Code 85704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100091**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 167 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Nichols, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 E CAMBRIDGE DR  
 City TUCSON State AZ Zip Code 85704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : SA11AI.100092**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Nichols, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 E CAMBRIDGE DR  
 City TUCSON State AZ Zip Code 85704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : SA11AI.100093**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. O'LEARY, ARTHUR, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79 BROAD STREET  
 City HOLLIS State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.98391**  
 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 168 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'LEARY, ARTHUR, L, ,

Mailing Address 79 BROAD STREET

City HOLLIS	State NH	Zip Code 03049
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017

**Transaction ID : SA11AI.98392**

Amount of Each Receipt this Period  
40.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'LEARY, ARTHUR, L, ,

Mailing Address 79 BROAD STREET

City HOLLIS	State NH	Zip Code 03049
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017

**Transaction ID : SA11AI.98393**

Amount of Each Receipt this Period  
40.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'LEARY, ARTHUR, L, ,

Mailing Address 79 BROAD STREET

City HOLLIS	State NH	Zip Code 03049
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017

**Transaction ID : SA11AI.98394**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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 169 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'LEARY, ARTHUR, L, ,

Mailing Address 79 BROAD STREET

City HOLLIS	State NH	Zip Code 03049
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.98395**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'LEARY, ARTHUR, L, ,

Mailing Address 79 BROAD STREET

City HOLLIS	State NH	Zip Code 03049
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : SA11AI.98396**

Amount of Each Receipt this Period  
25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'LEARY, ARTHUR, L, ,

Mailing Address 79 BROAD STREET

City HOLLIS	State NH	Zip Code 03049
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.98397**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 170 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Overton, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GNRL RISK LITG  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99423**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Overton, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GNRL RISK LITG  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99424**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. PHILLIPS, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.99050**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> 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 171 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. PHILLIPS, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.99051**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**B. PHILLIPS, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.99052**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. PHILLIPS, JEANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.99053**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> 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 172 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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**

**A. PHILLIPS, JEANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.99054**

Amount of Each Receipt this Period  
175.00

Memo Item

**B. PHILLIPS, JEANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : SA11AI.99055**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. PHILLIPS, JEANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) VICE PRESIDENT-RISK MANAGEMEN
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.99056**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> 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 173 OF 252  
(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**

**A. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX    State MD    Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98629**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX    State MD    Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98630**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX    State MD    Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98631**  
 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: PAGE 174 OF 252  
(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**

**A. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98632**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98633**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.98634**  
 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)	PAGE 175 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. RALEY, JOHN, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3810 DONERIN WAY  
 City PHOENIX State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-AREA HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98635**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. RASKIN, RICHARD, JAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 REVERKNOLLS  
 City AVON State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99276**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. RASKIN, RICHARD, JAY, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 REVERKNOLLS  
 City AVON State CT Zip Code 06001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.99277**  
 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: PAGE 176 OF 252  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RASKIN, RICHARD, JAY, ,**

Mailing Address 156 REVERKNOLLS

City AVON      State CT      Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION      Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 05 / 05 / 2017  
**Transaction ID : SA11AI.99278**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RASKIN, RICHARD, JAY, ,**

Mailing Address 156 REVERKNOLLS

City AVON      State CT      Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION      Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 05 / 19 / 2017  
**Transaction ID : SA11AI.99279**

Amount of Each Receipt this Period  
 20.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RASKIN, RICHARD, JAY, ,**

Mailing Address 156 REVERKNOLLS

City AVON      State CT      Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION      Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99280**

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 177 OF 252  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RASKIN, RICHARD, JAY, ,**

Mailing Address 156 REVERKNOLLS

City AVON    State CT    Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **06 / 16 / 2017**

**Transaction ID : SA11AI.99281**

Amount of Each Receipt this Period **20.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RASKIN, RICHARD, JAY, ,**

Mailing Address 156 REVERKNOLLS

City AVON    State CT    Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) VP-REGIONAL MEDICAL DIRECTOR

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 30 / 2017**

**Transaction ID : SA11AI.99282**

Amount of Each Receipt this Period **20.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Reese, Joseph, , ,**

Mailing Address 7597 S OLD FARM LANE

City MERIDIAN    State ID    Zip Code 83642

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) VP OPERATIONS

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **04 / 07 / 2017**

**Transaction ID : SA11AI.100066**

Amount of Each Receipt this Period **40.00**

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 252
	<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**

**A. Reese, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.100067**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Reese, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100068**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Reese, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.100069**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 179 OF 252  
(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**

**A. Reese, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.100070**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Reese, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.100071**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Reese, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.100072**  
 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:	PAGE 180 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. Reifsnnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99445**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Reifsnnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.99446**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Reifsnnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99447**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 181 OF 252
	<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**

**A. Reifsnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99448**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Reifsnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99449**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Reifsnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99450**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 182 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Reifsnnyder, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 LONDON CIRCLE SOUTH  
 City REHOBOTH BEACH State DE Zip Code 19971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-CLINICAL OPS CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99451**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. REITZ, ROBERT, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13005 JEROME JAY DRIVE  
 City COCKEYSVILLE State MD Zip Code 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VP AND COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97750**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. REITZ, ROBERT, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13005 JEROME JAY DRIVE  
 City COCKEYSVILLE State MD Zip Code 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) EXECUTIVE VP AND COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1538.48

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.97751**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 484.62  
**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 183 OF 252
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
REITZ, ROBERT, A, ,

Mailing Address 13005 JEROME JAY DRIVE

City COCKEYSVILLE	State MD	Zip Code 21030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VP AND COO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.97752**

Amount of Each Receipt this Period  
192.31

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
REITZ, ROBERT, A, ,

Mailing Address 13005 JEROME JAY DRIVE

City COCKEYSVILLE	State MD	Zip Code 21030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VP AND COO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1923.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.97753**

Amount of Each Receipt this Period  
192.31

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
REITZ, ROBERT, A, ,

Mailing Address 13005 JEROME JAY DRIVE

City COCKEYSVILLE	State MD	Zip Code 21030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) EXECUTIVE VP AND COO
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2115.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.97754**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> 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 184 OF 252  
(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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**REITZ, ROBERT, A, ,**

Mailing Address 13005 JEROME JAY DRIVE

City COCKEYSVILLE    State MD    Zip Code 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) EXECUTIVE VP AND COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2307.72

Date of Receipt  
 06 / 16 / 2017  
**Transaction ID : SA11AI.97755**

Amount of Each Receipt this Period  
 192.31

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**REITZ, ROBERT, A, ,**

Mailing Address 13005 JEROME JAY DRIVE

City COCKEYSVILLE    State MD    Zip Code 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) EXECUTIVE VP AND COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.03

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.97756**

Amount of Each Receipt this Period  
 192.31

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**RICKERSHAUSER, PAUL, , ,**

Mailing Address 5 SUNSET COURT

City MEDFORD    State NJ    Zip Code 08055

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) DIRECTOR-HUMAN RESOURCES RE

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99273**

Amount of Each Receipt this Period  
 20.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 404.62

**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 185 OF 252  
(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**

**A. RICKERSHAUSER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 SUNSET COURT  
 City MEDFORD State NJ Zip Code 08055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-HUMAN RESOURCES RE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99274**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. RICKERSHAUSER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 SUNSET COURT  
 City MEDFORD State NJ Zip Code 08055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-HUMAN RESOURCES RE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99275**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Ross, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 781 BRENT ST  
 City MANCHESTER State NH Zip Code 03103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 13 / 2017  
**Transaction ID : SA11AI.99591**  
 Amount of Each Receipt this Period 30.00  
 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 186 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Ross, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 781 BRENT ST  
 City MANCHESTER State NH Zip Code 03103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2017  
**Transaction ID : SA11AI.99592**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Ross, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 781 BRENT ST  
 City MANCHESTER State NH Zip Code 03103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2017  
**Transaction ID : SA11AI.99593**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Ross, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 781 BRENT ST  
 City MANCHESTER State NH Zip Code 03103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2017  
**Transaction ID : SA11AI.99594**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 187 OF 252
	<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**

**A. Ross, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 781 BRENT ST  
 City MANCHESTER State NH Zip Code 03103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2017  
**Transaction ID : SA11AI.99595**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Ross, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 781 BRENT ST  
 City MANCHESTER State NH Zip Code 03103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2017  
**Transaction ID : SA11AI.99596**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Roth, Elliot, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14710 4TH STREET APT 420  
 City LAUREL State MD Zip Code 20707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.98284**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 188 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Roth, Elliot, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14710 4TH STREET APT 420  
 City LAUREL State MD Zip Code 20707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98285**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Roth, Elliot, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14710 4TH STREET APT 420  
 City LAUREL State MD Zip Code 20707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98286**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. ROWE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 RAYVILLE RD  
 City PARKTON State MD Zip Code 21120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR ELDER CARE STAFFG SR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98566**  
 Amount of Each Receipt this Period 30.00  
 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 189 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Salamon, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 ALLYSSA DRIVE  
 City MEDIA State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GNRL HLTHCR R  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.99395**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Salamon, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 ALLYSSA DRIVE  
 City MEDIA State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GNRL HLTHCR F  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.99396**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Salamon, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 ALLYSSA DRIVE  
 City MEDIA State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) COUNSEL-DEPUTY GNRL HLTHCR R  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.99397**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 190 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Salvo, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2927 SUNSET HILLS  
 City ESCONDIDO State CA Zip Code 92025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-AREA GRS PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2017  
**Transaction ID : SA11AI.99785**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Salvo, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2927 SUNSET HILLS  
 City ESCONDIDO State CA Zip Code 92025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-AREA GRS PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2017  
**Transaction ID : SA11AI.99786**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Salvo, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2927 SUNSET HILLS  
 City ESCONDIDO State CA Zip Code 92025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-AREA GRS PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017  
**Transaction ID : SA11AI.99787**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 191 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Salvo, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2927 SUNSET HILLS  
 City ESCONDIDO State CA Zip Code 92025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-AREA GRS PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2017  
**Transaction ID : SA11AI.99788**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Salvo, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2927 SUNSET HILLS  
 City ESCONDIDO State CA Zip Code 92025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-AREA GRS PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2017  
**Transaction ID : SA11AI.99789**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 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  
 04 / 07 / 2017  
**Transaction ID : SA11AI.100120**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> 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 192 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 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  
 04 / 21 / 2017  
**Transaction ID : SA11AI.100121**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.100122**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.100123**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 193 OF 252
	<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**

**A. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100124**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100125**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Sanchez, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100126**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 194 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. SAVO, JOHN, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CONTROLLER SHARED ACCT SV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98849**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. SAVO, JOHN, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CONTROLLER SHARED ACCT SV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98850**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. SAVO, JOHN, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CONTROLLER SHARED ACCT SV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 257.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98851**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 195 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. SAVO, JOHN, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-CONTROLLER SHARED ACCT SV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.98852**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98466**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98467**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.00
<b>TOTAL</b> 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 196 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98468**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98469**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS R  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98470**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3.00
<b>TOTAL</b> 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 197 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : SA11AI.98471**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. SCHOENBERGER, IRA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 WOODSIDE CIRCLE  
 City STURBRIDGE State MA Zip Code 01566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ELDERCARE CENTERS F  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 281.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : SA11AI.98472**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. Schueftan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.98939**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.00  
**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 198 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Schueftan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): Genesis HealthCare, Occupation (for Individual): VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 04 / 21 / 2017  
**Transaction ID : SA11AI.98940**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item

**B. Schueftan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): Genesis HealthCare, Occupation (for Individual): VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 05 / 05 / 2017  
**Transaction ID : SA11AI.98941**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item

**C. Schueftan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual): Genesis HealthCare, Occupation (for Individual): VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 05 / 19 / 2017  
**Transaction ID : SA11AI.98942**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 199 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. Schueftan, Norman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98943**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SHERMAN, MICHAEL, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99173**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. SHERMAN, MICHAEL, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.99174**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.60
<b>TOTAL</b> 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 200 OF 252  
(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**

**A. SHERMAN, MICHAEL, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.99175**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. SHERMAN, MICHAEL, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.99176**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. SHERMAN, MICHAEL, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99177**  
 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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 201 OF 252  
(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**

**A. SHERMAN, MICHAEL, S.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99178**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. SHERMAN, MICHAEL, S.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1379 BRYANT COURT  
 City AMBLER State PA Zip Code 19002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP-GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99179**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99077**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 434.60  
**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 202 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.99078**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.99079**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.99080**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 203 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.99081**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99082**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. SILVERWOOD, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-INTERNAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99083**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 204 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Smith, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.100037**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Smith, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.100038**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Smith, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPLIANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100039**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 205 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Smith, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100040**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Smith, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100041**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98777**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 206 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98778**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.98779**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.98780**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 207 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD
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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  
 06 / 02 / 2017

**Transaction ID : SA11AI.98781**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017

**Transaction ID : SA11AI.98782**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Soika, Lou Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) SVP-CUSTOMER RLTN STRATEGICD
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
740.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017

**Transaction ID : SA11AI.98783**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 208 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Stevenson, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 ESSEX RD  
 City BEDFORD State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.99912**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stevenson, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 ESSEX RD  
 City BEDFORD State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.99913**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Stevenson, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 ESSEX RD  
 City BEDFORD State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99914**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 209 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Stevenson, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 ESSEX RD  
 City BEDFORD State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.99915**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Stevenson, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 ESSEX RD  
 City BEDFORD State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99916**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Tabak, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 MARLBROOKE WAY  
 City KENNETT SQUARE State PA Zip Code 19348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SR VP ADMIN AND GOVT AFFAIRS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 337.54

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98060**  
 Amount of Each Receipt this Period 48.22  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98.22
<b>TOTAL</b> 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 210 OF 252  
(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**

**A. Tabak, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 MARLBROOKE WAY  
 City KENNETT SQUARE    State PA    Zip Code 19348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) SR VP ADMIN AND GOV'T AFFAIRS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.76

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98061**  
 Amount of Each Receipt this Period 48.22  
 Memo Item

**B. Tabak, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 MARLBROOKE WAY  
 City KENNETT SQUARE    State PA    Zip Code 19348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) SR VP ADMIN AND GOV'T AFFAIRS  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.98

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98062**  
 Amount of Each Receipt this Period 48.22  
 Memo Item

**C. Tabak, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 MARLBROOKE WAY  
 City KENNETT SQUARE    State PA    Zip Code 19348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) SR VP ADMIN AND GOV'T AFFAIRS  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 482.20

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98063**  
 Amount of Each Receipt this Period 48.22  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.66  
**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 211 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Tabak, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 MARLBROOKE WAY

City KENNETT SQUARE	State PA	Zip Code 19348
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) SR VP ADMIN AND GOVT AFFAIRS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.98064**

Amount of Each Receipt this Period  
48.22

Memo Item

**B. Tabak, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 MARLBROOKE WAY

City KENNETT SQUARE	State PA	Zip Code 19348
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) SR VP ADMIN AND GOVT AFFAIRS
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
578.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : SA11AI.98065**

Amount of Each Receipt this Period  
48.22

Memo Item

**C. Tabak, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 MARLBROOKE WAY

City KENNETT SQUARE	State PA	Zip Code 19348
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) SR VP ADMIN AND GOVT AFFAIRS
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
626.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.98066**

Amount of Each Receipt this Period  
48.22

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.66
<b>TOTAL</b> 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 212 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. TAPINO, CESARE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 TROUT DALE TERRACE  
 City BEL AIR State MD Zip Code 21014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : SA11AI.98845**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Taylor, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 NEW HAMPTON RD NE  
 City ALBUQUERQUE State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.100108**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Taylor, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 NEW HAMPTON RD NE  
 City ALBUQUERQUE State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.100109**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 213 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Taylor, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 NEW HAMPTON RD NE  
 City ALBUQUERQUE State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100110**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Taylor, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 NEW HAMPTON RD NE  
 City ALBUQUERQUE State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100111**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Taylor, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 NEW HAMPTON RD NE  
 City ALBUQUERQUE State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-ACCOUNTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100112**  
 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 214 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. THOMPSON, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 PEARSON CIRCLE  
 City SPRINGFIELD State PA Zip Code 19064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SPECIALIST-REG SAFETY PREVENT  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99012**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. THOMPSON, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 PEARSON CIRCLE  
 City SPRINGFIELD State PA Zip Code 19064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SPECIALIST-REG SAFETY PREVENT  
 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  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99013**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. THOMPSON, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 PEARSON CIRCLE  
 City SPRINGFIELD State PA Zip Code 19064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) SPECIALIST-REG SAFETY PREVENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.99014**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 215 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. TIAN, WILLIAM, JOSEPH, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-SR AREA FOOD AND NU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99256**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Timm, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 MAHLON DRIVE  
 City LEESPORT State PA Zip Code 19533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98513**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Timm, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 MAHLON DRIVE  
 City LEESPORT State PA Zip Code 19533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98514**  
 Amount of Each Receipt this Period 30.00  
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Timm, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 MAHLON DRIVE  
 City LEESPORT State PA Zip Code 19533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98515**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Timm, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 MAHLON DRIVE  
 City LEESPORT State PA Zip Code 19533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98516**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Timm, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 MAHLON DRIVE  
 City LEESPORT State PA Zip Code 19533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98517**  
 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 217 OF 252
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Timm, William, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2017 <b>Transaction ID : SA11AI.98518</b>		
Mailing Address 1059 MAHLON DRIVE			Amount of Each Receipt this Period 30.00		
City LEESPORT	State PA	Zip Code 19533	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP OPERATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Timm, William, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2017 <b>Transaction ID : SA11AI.98519</b>		
Mailing Address 1059 MAHLON DRIVE			Amount of Each Receipt this Period 30.00		
City LEESPORT	State PA	Zip Code 19533	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) VP OPERATIONS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TRAUTMAN, LISA, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2017 <b>Transaction ID : SA11AI.98054</b>		
Mailing Address 4 VIOLET LANE			Amount of Each Receipt this Period 20.00		
City WEST GROVE	State PA	Zip Code 19390	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION		Occupation (for Individual) DIRECTOR REGIONAL EC LINE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 220.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 218 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. TRAUTMAN, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR REGIONAL EC LINE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98055**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. TRAUTMAN, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR REGIONAL EC LINE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98056**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. Treloar, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 ROBIN CT  
 City GALT State CA Zip Code 95632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : SA11AI.99725**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 22.00  
**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 219 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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**

**A. Treloar, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 ROBIN CT  
 City GALT State CA Zip Code 95632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : SA11AI.99726**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Treloar, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 ROBIN CT  
 City GALT State CA Zip Code 95632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 26 / 2017  
**Transaction ID : SA11AI.99727**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. TRIANA, JOSEPH, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 INTIMADATOR LANE  
 City GIVEN State WV Zip Code 25245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98475**  
 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: (check only one)	PAGE 220 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**TRIANA, JOSEPH, J, ,**

Mailing Address 102 INTIMADATOR LANE

City GIVEN	State WV	Zip Code 25245
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) ADMINISTRATOR-SR
---	---

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  
 05 / 19 / 2017

**Transaction ID : SA11AI.98476**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**TRIANA, JOSEPH, J, ,**

Mailing Address 102 INTIMADATOR LANE

City GIVEN	State WV	Zip Code 25245
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) ADMINISTRATOR-SR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017

**Transaction ID : SA11AI.98477**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**TRIANA, JOSEPH, J, ,**

Mailing Address 102 INTIMADATOR LANE

City GIVEN	State WV	Zip Code 25245
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION	Occupation (for Individual) ADMINISTRATOR-SR
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017

**Transaction ID : SA11AI.98478**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 221 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. TRIANA, JOSEPH, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 INTIMADATOR LANE  
 City GIVEN State WV Zip Code 25245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR-SR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98479**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Turner, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 439 MAIN STREET  
 City PORTLAND State CT Zip Code 06480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) CENTER EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99140**  
 Amount of Each Receipt this Period 8.00  
 Memo Item

**C. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.99935**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.00
<b>TOTAL</b> 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 222 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

**A. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : SA11AI.99936**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : SA11AI.99937**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.99938**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 223 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : SA11AI.99939**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.99940**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Usher, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.99941**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 224 OF 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. VALENTINE, PERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : SA11AI.97921**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. VALENTINE, PERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : SA11AI.97922**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. VALENTINE, PERRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.97923**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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 225 OF 252  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. VALENTINE, PERRY, , ,**

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : SA11AI.97924**

Amount of Each Receipt this Period  
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. VALENTINE, PERRY, , ,**

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : SA11AI.97925**

Amount of Each Receipt this Period  
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. VALENTINE, PERRY, , ,**

Mailing Address 3675 MANDOLIN DRIVE

City HAMPSTEAD	State MD	Zip Code 21074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC.	Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES
--	--

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
06		16		2017

**Transaction ID : SA11AI.97926**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. VALENTINE, PERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3675 MANDOLIN DRIVE  
 City HAMPSTEAD State MD Zip Code 21074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTH VENTURES, INC. Occupation (for Individual) DIRECTOR-HOSPITALITY SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97927**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Wade, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Corporation Occupation (for Individual) Director Medical Supply Mgmt.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.97958**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wade, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Corporation Occupation (for Individual) Director Medical Supply Mgmt.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.97959**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 227 OF 252  
(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**

**A. Wade, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Corporation    Occupation (for Individual) Director Medical Supply Mgmt.  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97960**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Wade, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Corporation    Occupation (for Individual) Director Medical Supply Mgmt.  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97961**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Wade, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Genesis HealthCare Corporation    Occupation (for Individual) Director Medical Supply Mgmt.  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97962**  
 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:	PAGE 228 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

**A. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 632.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.99876**  
 Amount of Each Receipt this Period 84.41  
 Memo Item

**B. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 731.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.99877**  
 Amount of Each Receipt this Period 98.63  
 Memo Item

**C. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 809.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.99878**  
 Amount of Each Receipt this Period 78.32  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	261.36
<b>TOTAL</b> 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 229 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 907.89

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : SA11AI.99879**  
 Amount of Each Receipt this Period 98.20  
 Memo Item

**B. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.76

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : SA11AI.99880**  
 Amount of Each Receipt this Period 112.87  
 Memo Item

**C. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1109.43

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : SA11AI.99881**  
 Amount of Each Receipt this Period 88.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	299.74
<b>TOTAL</b> 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 230 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Warren, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 KEDRON ROAD  
 City SPRING HILL State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-SR CENTERS OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1199.64

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.99882**  
 Amount of Each Receipt this Period 90.21  
 Memo Item

**B. WELLS, KAREN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1679 W. DOE RUN ROAD P.O. BOX 487  
 City UNIONVILLE State PA Zip Code 19375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-FIN CTRL - COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.97819**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. WELLS, KAREN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1679 W. DOE RUN ROAD P.O. BOX 487  
 City UNIONVILLE State PA Zip Code 19375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-FIN CTRL - COMPLIANCE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.97820**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.21
<b>TOTAL</b> 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 252
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. WELLS, KAREN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1679 W. DOE RUN ROAD  
 P.O. BOX 487  
 City UNIONVILLE State PA Zip Code 19375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-FIN CTRL - COMPLIANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.97821**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98337**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98338**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**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 232 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98339**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98340**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98341**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 233 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : SA11AI.98342**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. WILKS, JOSEPH, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 KINSTON LN  
 City DOWNINGTOWN State PA Zip Code 19335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP AND AREA CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : SA11AI.98343**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 03 / 2017**  
**Transaction ID : SA11AI.99728**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> 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 234 OF 252  
(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**

**A. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 17 / 2017**  
**Transaction ID : SA11AI.99729**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **05 / 01 / 2017**  
**Transaction ID : SA11AI.99730**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION    Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **05 / 15 / 2017**  
**Transaction ID : SA11AI.99731**  
 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 235 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 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  
 05 / 26 / 2017  
**Transaction ID : SA11AI.99732**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 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  
 06 / 12 / 2017  
**Transaction ID : SA11AI.99733**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Wilson, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2017  
**Transaction ID : SA11AI.99734**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 236 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : SA11AI.98206**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : SA11AI.98207**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.98208**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 237 OF 252
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98209**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98210**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98211**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 238 OF 252  
(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**

**A. WISELY, JOANNE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 DEEPDALE ROAD  
 City WAYNE State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-REGULATORY ADM COMPL GRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98212**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. WIXTED, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 KENT LANE  
 City PHILADELPHIA State PA Zip Code 19115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP -FOOD AND NUTRIONAL SVS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.97757**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Wynn, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3172 SEABURY ST  
 City CARLSBAD State CA Zip Code 92010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPENSATION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.100060**  
 Amount of Each Receipt this Period 20.00  
 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 239 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. Wynn, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3172 SEABURY ST  
 City CARLSBAD State CA Zip Code 92010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPENSATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.100061**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Wynn, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3172 SEABURY ST  
 City CARLSBAD State CA Zip Code 92010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) DIRECTOR-COMPENSATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.100062**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2017  
**Transaction ID : SA11AI.98157**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> 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 240 OF 252
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Genesis Healthcare Inc PAC**

**A. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.98158**

Amount of Each Receipt this Period 50.00

Memo Item

**B. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.98159**

Amount of Each Receipt this Period 50.00

Memo Item

**C. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2017  
**Transaction ID : SA11AI.98160**

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: PAGE 241 OF 252  
(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**

**A. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.98161**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.98162**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. YOUNG, STEPHEN, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing 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 (for Individual) GENESIS HEALTHCARE CORPORATION Occupation (for Individual) VP-ASSISTANT CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.98163**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	38387.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

**A. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 400 Scarlett Road

City Kennett Square State PA Zip Code 19348

Purpose of Disbursement  001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.10082  
Amount of Each Disbursement this Period: 60.00

Memo Item

**B. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 400 Scarlett Road

City Kennett Square State PA Zip Code 19348

Purpose of Disbursement  001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.10082  
Amount of Each Disbursement this Period: 60.00

Memo Item

**C. Wells Fargo Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 400 Scarlett Road

City Kennett Square State PA Zip Code 19348

Purpose of Disbursement  001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2017

FEC Identification Number: C  
Transaction ID : SB21B.10082  
Amount of Each Disbursement this Period: 75.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	195.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

**A. Genesis HealthCare PAC - State**

Full Name (Last, First, Middle Initial)

Mailing Address 101 East State Street

City Kennett Square State PA Zip Code 19348

Purpose of Disbursement  008 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB22.100844

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

**A. BRIAN FITZPATRICK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 939

City  
LANGHORNE

State  
PA

Zip Code  
19047

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	7

FEC Identification Number

C00607416

Transaction ID : SB23.100910

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. CHARLIE DENT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 1217 Delafield Place, NW

City  
Washington

State  
DC

Zip Code  
20011

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	7

FEC Identification Number

C00386847

Transaction ID : SB23.100837

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. CITIZENS FOR BOYLE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 11545

City  
PHILADELPHIA

State  
PA

Zip Code  
19116

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	7

FEC Identification Number

C00543363

Transaction ID : SB23.100873

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. DCCC**

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

010  
 011  
 012  
**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

FEC Identification Number  
**C** C00000935  
**Transaction ID : SB23.100913**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DSCC**

Mailing Address 120 MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

010  
 011  
 012  
**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
06 / 09 / 2017

FEC Identification Number  
**C** C00042366  
**Transaction ID : SB23.100916**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DWIGHT EVANS FOR CONGRESS**

Mailing Address PO BOX 6578

City PHILADELPHIA State PA Zip Code 19138

Purpose of Disbursement

010  
 011  
 012  
**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: PA District: 02

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2017

FEC Identification Number  
**C** C00591065  
**Transaction ID : SB23.100919**  
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)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. GREATER TOMORROW POLITICAL ACTION COMMITTEE**

Mailing Address 25452 BRICKELL DRIVE

City  
CHANTILLY

State  
VA

Zip Code  
20152

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2017

FEC Identification Number

C00526715

**Transaction ID : SB23.100847**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO BOX 999

City  
EDISON

State  
NJ

Zip Code  
08818

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2017

FEC Identification Number

C00444224

**Transaction ID : SB23.100922**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LATTA FOR CONGRESS**

Mailing Address PO BOX 106

City  
BOWLING GREEN

State  
OH

Zip Code  
43402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: OH

District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2017

FEC Identification Number

C00438697

**Transaction ID : SB23.100925**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. LISA BLUNT ROCHESTER FOR CONGRESS**

Mailing Address PO BOX 9767

City  
WILMINGTON

State  
DE

Zip Code  
19809

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

FEC Identification Number

C C00590778

Transaction ID : SB23.100875

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCARTHY VICTORY FUND**

Mailing Address PO BOX 30844

City  
BETHESDA

State  
MD

Zip Code  
20824

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 23

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2017

FEC Identification Number

C C00541011

Transaction ID : SB23.100928

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Kelly for Congress**

Mailing Address 1533 Johnny;s Way

City  
West Chester

State  
PA

Zip Code  
19381

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB23.100835

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S PROVIDENCE RD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: PA District: 07

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4		/	0	4		/	2	0	1	7		

FEC Identification Number  
  
**Transaction ID : SB23.100931**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Party of PA for Federal Fund Acc**

Mailing Address 112 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5		/	3	1		/	2	0	1	7		

FEC Identification Number  
  
**Transaction ID : SB23.100849**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address 402 S. Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: PA District: 06

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4		/	2	5		/	2	0	1	7		

FEC Identification Number  
  
**Transaction ID : SB23.100840**  
 Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. SMUCKER FOR CONGRESS**

Mailing Address PO BOX 1551

City LANCASTER State PA Zip Code 17608

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2017

FEC Identification Number  
**C** C00599464  
**Transaction ID : SB23.100938**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SMUCKER FOR CONGRESS**

Mailing Address PO BOX 1551

City LANCASTER State PA Zip Code 17608

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2017

FEC Identification Number  
**C** C00599464  
**Transaction ID : SB23.100940**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TIM MURPHY FOR CONGRESS**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 18

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2017

FEC Identification Number  
**C** C00372201  
**Transaction ID : SB23.100839**  
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)..... ▶

3000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

**A. TOOMEY, PATRICK J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5250 WHEATLAND

City ZIONSVILLE State PA Zip Code 18092

Purpose of Disbursement  011 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼

State: PA District: 15

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C H8PA15096  
**Transaction ID : SB23.100943**  
 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  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. Chamber of Commerce for Greater Philadelphia</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address 200 South Broad Street Suite 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.100834</b> Amount of Each Disbursement this Period [REDACTED] 200.00
City Philadelphia	State PA	Zip Code 19102
Purpose of Disbursement	Category/Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Ralston for Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address 160 Country Club Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.100831</b> Amount of Each Disbursement this Period [REDACTED] 500.00
City Stockbridge	State GA	Zip Code 30281
Purpose of Disbursement	Category/Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

Full Name (Last, First, Middle Initial) <b>C. Schaer for Assembly</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address 511 Passaic Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.100833</b> Amount of Each Disbursement this Period [REDACTED] 1000.00
City Passaic	State NJ	Zip Code 07055
Purpose of Disbursement	Category/Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
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: NJ District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. VHCA-PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

Mailing Address 2112 West Lebanon Avenue  
Suite 206

City Richmond State VA Zip Code 23227

FEC Identification Number

C

**Transaction ID : SB29.100966**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

1000.00
2700.00