

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

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

A. 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 ▼

1200.00

Date of Receipt

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

Transaction ID : SA11AI.97954

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. 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 ▼

1300.00

Date of Receipt

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

Transaction ID : SA11AI.97955

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Harris, Robert, , ,

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genesis HealthCare Corp

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2017

Transaction ID : SA11AI.98716

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

235.00