

**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

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

101 EAST STATE STREET

☐ Check if different than previously reported. (ACC)

KENNETT SQUARE

PA

19348

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00292094

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

01

2014

06

30

2014

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

Type or Print Name of Treasurer LAURENCE F LANE

Signature of Treasurer

LAURENCE F LANE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

09

2014

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">154750.72</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">139897.82</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">55543.82</span>	<span style="border: 1px solid black; padding: 2px;">119795.92</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">195441.64</span>	<span style="border: 1px solid black; padding: 2px;">274546.64</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">56270.50</span>	<span style="border: 1px solid black; padding: 2px;">135375.50</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">139171.14</span>	<span style="border: 1px solid black; padding: 2px;">139171.14</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 06 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44221.03	71679.78
(ii) Unitemized .....	11322.79	48116.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55543.82	119795.92
(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) .....	55543.82	119795.92
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))..... ▶	55543.82	119795.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55543.82	119795.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	180.00	285.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	180.00	285.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	118500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	15.50	15.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	15.50	10015.50
29. Other Disbursements .....	6575.00	6575.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56270.50	135375.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56270.50	135375.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	55543.82	119795.92
34. Total Contribution Refunds (from Line 28(d)) .....	15.50	10015.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55528.32	109780.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	180.00	285.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	180.00	285.00

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

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

FOR LINE NUMBER: PAGE 6 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Carolynne Adams**

Mailing Address 17163 CARRIAGE HORSE DR

City State Zip Code  
COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67344

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Carolynne Adams**

Mailing Address 17163 CARRIAGE HORSE DR

City State Zip Code  
COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67345

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Carolynne Adams**

Mailing Address 17163 CARRIAGE HORSE DR

City State Zip Code  
COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67346

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 7 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Carolynne Adams**

Mailing Address 17163 CARRIAGE HORSE DR

City State Zip Code  
 COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.67347

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Carolynne Adams**

Mailing Address 17163 CARRIAGE HORSE DR

City State Zip Code  
 COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.67348

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. JAMES M ADAMS**

Mailing Address 314 MARLDALE DRIVE

City State Zip Code  
 MIDDLETOWN DE 19709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.65964

Amount of Each Receipt this Period

25.00

**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 8 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JAMES M ADAMS**

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.65965

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JAMES M ADAMS**

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 30 / 2014

Transaction ID : SA11AI.65966

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JAMES M ADAMS**

Mailing Address 314 MARLDALE DRIVE

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.65967

Amount of Each Receipt this Period

25.00

**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 9 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JAMES M ADAMS**

Mailing Address 314 MARLDALE DRIVE

City  
MIDDLETOWN

State Zip Code  
DE 19709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.65968

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JEFFREY D ADAMS**

Mailing Address 114 BORDEN WAY

City  
LINCOLN UNIVERSITY

State Zip Code  
PA 19352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66765

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. JEFFREY D ADAMS**

Mailing Address 114 BORDEN WAY

City  
LINCOLN UNIVERSITY

State Zip Code  
PA 19352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66766

Amount of Each Receipt this Period

20.00

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

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

65.00

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

PAGE 10 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEFFREY D ADAMS**

Mailing Address 114 BORDEN WAY

City	State	Zip Code
LINCOLN UNIVERSITY	PA	19352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CUSTOMER SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2014

Transaction ID : SA11AI.66767

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. HARRY H ALBERTS**

Mailing Address 213 WILTSHIRE DRIVE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.87

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.65957

Amount of Each Receipt this Period

24.43

Full Name (Last, First, Middle Initial)

**C. HARRY H ALBERTS**

Mailing Address 213 WILTSHIRE DRIVE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11AI.65958

Amount of Each Receipt this Period

24.43

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

68.86

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 11 OF 289  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HARRY H ALBERTS**

Mailing Address 213 WILTSHIRE DRIVE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing federal political committee.

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.65959

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. HARRY H ALBERTS**

Mailing Address 213 WILTSHIRE DRIVE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing federal political committee.

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2014

Transaction ID : SA11AI.65960

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. HARRY H ALBERTS**

Mailing Address 213 WILTSHIRE DRIVE

City	State	Zip Code
KENNETT SQUARE	PA	19348

FEC ID number of contributing federal political committee.

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2014

Transaction ID : SA11AI.65961

Amount of Each Receipt this Period

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

**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 12 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID C ALMQUIST**

Mailing Address 811 GRANTLEY COURT

City  
YORK

State  
PA

Zip Code  
17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65798

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. DAVID C ALMQUIST**

Mailing Address 811 GRANTLEY COURT

City  
YORK

State  
PA

Zip Code  
17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65799

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. DAVID C ALMQUIST**

Mailing Address 811 GRANTLEY COURT

City  
YORK

State  
PA

Zip Code  
17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65800

Amount of Each Receipt this Period

150.00

**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 13 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID C ALMQUIST**

Mailing Address 811 GRANTLEY COURT

City State Zip Code  
YORK PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.65801

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. DAVID C ALMQUIST**

Mailing Address 811 GRANTLEY COURT

City State Zip Code  
YORK PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 06 2014

Transaction ID : SA11AI.65802

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. DAVID C ALMQUIST**

Mailing Address 811 GRANTLEY COURT

City State Zip Code  
YORK PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 20 2014

Transaction ID : SA11AI.65803

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAUL BACH**

Mailing Address 18 FARM RIDGE COURT

City  
BALDWIN

State Zip Code  
MD 21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65556

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. PAUL BACH**

Mailing Address 18 FARM RIDGE COURT

City  
BALDWIN

State Zip Code  
MD 21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65557

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. PAUL BACH**

Mailing Address 18 FARM RIDGE COURT

City  
BALDWIN

State Zip Code  
MD 21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65558

Amount of Each Receipt this Period

192.30

**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:  
(check only one)

PAGE 15 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAUL BACH**

Mailing Address 18 FARM RIDGE COURT

City  
BALDWIN

State Zip Code  
MD 21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65559

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. PAUL BACH**

Mailing Address 18 FARM RIDGE COURT

City  
BALDWIN

State Zip Code  
MD 21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65560

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. PAUL BACH**

Mailing Address 18 FARM RIDGE COURT

City  
BALDWIN

State Zip Code  
MD 21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65561

Amount of Each Receipt this Period

192.30

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ALEX BELL**

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : SA11AI.65750

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. ALEX BELL**

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA11AI.65751

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. ALEX BELL**

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : SA11AI.65752

Amount of Each Receipt this Period

40.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ALEX BELL**

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2014

Transaction ID : SA11AI.65753

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. ALEX BELL**

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2014

Transaction ID : SA11AI.65754

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. ALEX BELL**

Mailing Address 1600 GARRETT ROAD, APT. A-204

City

UPPER DARBY

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL REIMBURSEMNT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11AI.65755

Amount of Each Receipt this Period

40.00

**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 18 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cheryl Benjamin**

Mailing Address 35 SUNSET DRIVE

City  
TAUNTON

State Zip Code  
MA 02780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.74

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67313

Amount of Each Receipt this Period

46.73

Full Name (Last, First, Middle Initial)

**B. Cheryl Benjamin**

Mailing Address 35 SUNSET DRIVE

City  
TAUNTON

State Zip Code  
MA 02780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.03

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67314

Amount of Each Receipt this Period

47.29

Full Name (Last, First, Middle Initial)

**c. Cheryl Benjamin**

Mailing Address 35 SUNSET DRIVE

City  
TAUNTON

State Zip Code  
MA 02780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.12

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67315

Amount of Each Receipt this Period

48.09

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

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

142.11

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cheryl Benjamin**

Mailing Address 35 SUNSET DRIVE

City  
TAUNTON

State  
MA

Zip Code  
02780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.69

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.67316

Amount of Each Receipt this Period

49.57

Full Name (Last, First, Middle Initial)

**B. Cheryl Benjamin**

Mailing Address 35 SUNSET DRIVE

City  
TAUNTON

State  
MA

Zip Code  
02780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.57

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67317

Amount of Each Receipt this Period

48.88

Full Name (Last, First, Middle Initial)

**c. Cheryl Benjamin**

Mailing Address 35 SUNSET DRIVE

City  
TAUNTON

State  
MA

Zip Code  
02780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.21

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67318

Amount of Each Receipt this Period

46.64

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

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

145.09

# **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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City  
KINGSVILLE

State Zip Code  
MD 21087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65611

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City  
KINGSVILLE

State Zip Code  
MD 21087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65612

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City  
KINGSVILLE

State Zip Code  
MD 21087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65613

Amount of Each Receipt this Period

150.00

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 21 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEFFREY BERENBACH**

Mailing Address 8007 YELLOWSTONE RD

City State Zip Code  
 KINGSVILLE MD 21087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.65614

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. JEFFREY BERENBACH**

Mailing Address 8007 YELLOWSTONE RD

City State Zip Code  
 KINGSVILLE MD 21087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.65615

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. JEFFREY BERENBACH**

Mailing Address 8007 YELLOWSTONE RD

City State Zip Code  
 KINGSVILLE MD 21087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.65616

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Berg**

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11Al.67397

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Michael Berg**

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11Al.67398

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Michael Berg**

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11Al.67399

Amount of Each Receipt this Period

40.00

**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 23 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Berg**

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.67400

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Michael Berg**

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67401

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Michael Berg**

Mailing Address 8700 SIGNAL CT NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GENERAL CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67402

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. GARY B BERNETT</b></p> <p>Mailing Address 429 COLLEGE AVE</p> <p>City State Zip Code HAVERFORD PA 19041</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-MEDICAL AFFAIRS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 25 / 2014  <b>Transaction ID : SA11AI.66139</b> </p> <p>Amount of Each Receipt this Period 25.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. GARY B BERNETT</b></p> <p>Mailing Address 429 COLLEGE AVE</p> <p>City State Zip Code HAVERFORD PA 19041</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-MEDICAL AFFAIRS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 09 / 2014  <b>Transaction ID : SA11AI.66140</b> </p> <p>Amount of Each Receipt this Period 25.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. GARY B BERNETT</b></p> <p>Mailing Address 429 COLLEGE AVE</p> <p>City State Zip Code HAVERFORD PA 19041</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-MEDICAL AFFAIRS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 275.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 23 / 2014  <b>Transaction ID : SA11AI.66141</b> </p> <p>Amount of Each Receipt this Period 25.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		75.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



**SCHEDULE 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 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GARY B BERNETT**

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-MEDICAL AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SA11AI.66142

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. GARY B BERNETT**

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-MEDICAL AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SA11AI.66143

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. DAVID BERTHA**

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : SA11AI.65599

Amount of Each Receipt this Period

40.00

**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 26 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID BERTHA**

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65600

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. DAVID BERTHA**

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65601

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. DAVID BERTHA**

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65602

Amount of Each Receipt this Period

40.00

**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 27 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID BERTHA**

Mailing Address 212 ARDMORE AVENUE

 City State Zip Code  
 HADDONFIELD NJ 08033

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.65603

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. DAVID BERTHA**

Mailing Address 212 ARDMORE AVENUE

 City State Zip Code  
 HADDONFIELD NJ 08033

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.65604

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. RICHARD P BLINN**

Mailing Address 67 BLOSSOM ROAD

 City State Zip Code  
 WINDHAM NH 03087

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.66260

Amount of Each Receipt this Period

150.00

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

230.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. RICHARD P BLINN</b></p> <p>Mailing Address 67 BLOSSOM ROAD</p> <p>City WINDHAM State NH Zip Code 03087</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1350.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2014 <b>Transaction ID : SA11AI.66261</b></p> <p>Amount of Each Receipt this Period 150.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RICHARD P BLINN</b></p> <p>Mailing Address 67 BLOSSOM ROAD</p> <p>City WINDHAM State NH Zip Code 03087</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2014 <b>Transaction ID : SA11AI.66262</b></p> <p>Amount of Each Receipt this Period 150.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. RICHARD P BLINN</b></p> <p>Mailing Address 67 BLOSSOM ROAD</p> <p>City WINDHAM State NH Zip Code 03087</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1650.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2014 <b>Transaction ID : SA11AI.66263</b></p> <p>Amount of Each Receipt this Period 150.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>450.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. RICHARD P BLINN</b></p> <p>Mailing Address 67 BLOSSOM ROAD</p> <p>City WINDHAM State NH Zip Code 03087</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1800.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 06 / 2014  <b>Transaction ID : SA11AI.66264</b></p> <p>Amount of Each Receipt this Period 150.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RICHARD P BLINN</b></p> <p>Mailing Address 67 BLOSSOM ROAD</p> <p>City WINDHAM State NH Zip Code 03087</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1950.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 20 / 2014  <b>Transaction ID : SA11AI.66265</b></p> <p>Amount of Each Receipt this Period 150.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Michele Blunt</b></p> <p>Mailing Address 1131 HUNTERS TRAIL</p> <p>City MASCOUTAH State IL Zip Code 62258</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-AREA GRS II PT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 30 / 2014  <b>Transaction ID : SA11AI.67234</b></p> <p>Amount of Each Receipt this Period 20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			320.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michele Blunt**

Mailing Address 1131 HUNTERS TRAIL

City State Zip Code  
 MASCOUHA IL 62258

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : SA11AI.67235**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. EDWARD J BOEGGEMAN**

Mailing Address 11 CONCORD WAY

City State Zip Code  
 CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.65902**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. EDWARD J BOEGGEMAN**

Mailing Address 11 CONCORD WAY

City State Zip Code  
 CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.65903**

Amount of Each Receipt this Period

75.00

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

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

170.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EDWARD J BOEGGEMAN**

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65904

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. EDWARD J BOEGGEMAN**

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65905

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. EDWARD J BOEGGEMAN**

Mailing Address 11 CONCORD WAY

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65906

Amount of Each Receipt this Period

75.00

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

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

225.00

# **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 32 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joseph Bourne**

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code  
BALTIMORE MD 21237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66511

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Joseph Bourne**

Mailing Address 16 PERRY RIDGE COURT

City State Zip Code  
BALTIMORE MD 21237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66512

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Julie Britton**

Mailing Address 6 DERBY CIRCLE

City State Zip Code  
HORSHAM PA 19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65896

Amount of Each Receipt this Period

35.00

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

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

135.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julie Britton**

Mailing Address 6 DERBY CIRCLE

City  
HORSHAM

State Zip Code  
PA 19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65897

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Julie Britton**

Mailing Address 6 DERBY CIRCLE

City  
HORSHAM

State Zip Code  
PA 19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65898

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Julie Britton**

Mailing Address 6 DERBY CIRCLE

City  
HORSHAM

State Zip Code  
PA 19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65899

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Julie Britton**

Mailing Address 6 DERBY CIRCLE

City  
HORSHAM

State Zip Code  
PA 19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.65900**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Julie Britton**

Mailing Address 6 DERBY CIRCLE

City  
HORSHAM

State Zip Code  
PA 19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.65901**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. ROBIN BROWN**

Mailing Address 22 MOLLY LANE

City  
SEBAGO

State Zip Code  
ME 04029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.66806**

Amount of Each Receipt this Period

25.00

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 35 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBIN BROWN**

Mailing Address 22 MOLLY LANE

City  
SEBAGO

State Zip Code  
ME 04029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66807

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ROBIN BROWN**

Mailing Address 22 MOLLY LANE

City  
SEBAGO

State Zip Code  
ME 04029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66808

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ROBIN BROWN**

Mailing Address 22 MOLLY LANE

City  
SEBAGO

State Zip Code  
ME 04029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66809

Amount of Each Receipt this Period

25.00

**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 36 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **ROBIN BROWN**

Mailing Address 22 MOLLY LANE

City  
SEBAGO

State Zip Code  
ME 04029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
MANAGER-CLINICAL REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66810

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **Janice Burnap**

Mailing Address 201 OAKCREST DR

City  
WAKE FOREST

State Zip Code  
NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.38

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67475

Amount of Each Receipt this Period

34.19

Full Name (Last, First, Middle Initial)

C. **Janice Burnap**

Mailing Address 201 OAKCREST DR

City  
WAKE FOREST

State Zip Code  
NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.17

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67476

Amount of Each Receipt this Period

32.79

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

91.98

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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janice Burnap**

Mailing Address 201 OAKCREST DR

City  
WAKE FOREST

State Zip Code  
NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.22

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67477

Amount of Each Receipt this Period

34.05

Full Name (Last, First, Middle Initial)

**B. Janice Burnap**

Mailing Address 201 OAKCREST DR

City  
WAKE FOREST

State Zip Code  
NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.01

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67478

Amount of Each Receipt this Period

32.79

Full Name (Last, First, Middle Initial)

**C. Janice Burnap**

Mailing Address 201 OAKCREST DR

City  
WAKE FOREST

State Zip Code  
NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.80

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67479

Amount of Each Receipt this Period

32.79

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

99.63

**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 38 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Janice Burnap**

Mailing Address 201 OAKCREST DR

City  
WAKE FOREST

State Zip Code  
NC 27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.07

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67480

Amount of Each Receipt this Period

42.27

Full Name (Last, First, Middle Initial)

## **B. Marsha Butler**

Mailing Address 2222 Ebbvale Road

City  
Manchester

State Zip Code  
MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66319

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Marsha Butler**

Mailing Address 2222 Ebbvale Road

City  
Manchester

State Zip Code  
MD 21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66320

Amount of Each Receipt this Period

25.00

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

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

92.27

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marsha Butler**

Mailing Address 2222 Ebbvale Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66321

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Marsha Butler**

Mailing Address 2222 Ebbvale Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66322

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Marsha Butler**

Mailing Address 2222 Ebbvale Road

City

Manchester

State

MD

Zip Code

21102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66323

Amount of Each Receipt this Period

25.00

**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 40 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBERT M CANNON**

Mailing Address 354 BORTONS MILL ROAD

City

CHERRY HILL

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65992

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ROBERT M CANNON**

Mailing Address 354 BORTONS MILL ROAD

City

CHERRY HILL

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65993

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ROBERT M CANNON**

Mailing Address 354 BORTONS MILL ROAD

City

CHERRY HILL

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65994

Amount of Each Receipt this Period

25.00

**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 41 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBERT M CANNON**

Mailing Address 354 BORTONS MILL ROAD

City  
CHERRY HILL

State Zip Code  
NJ 08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11AI.65995

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ROBERT M CANNON**

Mailing Address 354 BORTONS MILL ROAD

City  
CHERRY HILL

State Zip Code  
NJ 08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.65996

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Leslie Cavicchi**

Mailing Address 27 Christy Lane

City  
Ashland

State Zip Code  
MA 01721-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare Corporation

Occupation  
VP Contracting Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2014

Transaction ID : SA11AI.66482

Amount of Each Receipt this Period

40.00

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Leslie Cavicchi**

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66483

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Leslie Cavicchi**

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66484

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Leslie Cavicchi**

Mailing Address 27 Christy Lane

City

Ashland

State

MA

Zip Code

01721-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

VP Contracting Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66485

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 43 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Leslie Cavicchi**

Mailing Address 27 Christy Lane

City State Zip Code  
 Ashland MA 01721-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Genesis HealthCare Corporation

Occupation  
 VP Contracting Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.66486

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Leslie Cavicchi**

Mailing Address 27 Christy Lane

City State Zip Code  
 Ashland MA 01721-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Genesis HealthCare Corporation

Occupation  
 VP Contracting Dept.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66487

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**c. Betty Clune**

Mailing Address 1930 PEBBLE LAKE CIR

City State Zip Code  
 BIRMINGHAM AL 35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.67466

Amount of Each Receipt this Period

20.00

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 44 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67467

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Betty Clune

Mailing Address 1930 PEBBLE LAKE CIR

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-RGNL REV CYC MGMT QA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67468

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City

WILIMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-IS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65823

Amount of Each Receipt this Period

46.00

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

86.00

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 45 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. RICHARD E CODY</b></p> <p>Mailing Address 106 DANFORTH PLACE</p> <p>City State Zip Code  WILIMINGTON DE 19810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  GENESIS HEALTHCARE CORPORATION VP-IS SUPPORT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  414.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 25 / 2014  <b>Transaction ID : SA11AI.65824</b></p> <p>Amount of Each Receipt this Period  46.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. RICHARD E CODY</b></p> <p>Mailing Address 106 DANFORTH PLACE</p> <p>City State Zip Code  WILIMINGTON DE 19810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  GENESIS HEALTHCARE CORPORATION VP-IS SUPPORT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  460.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 09 / 2014  <b>Transaction ID : SA11AI.65825</b></p> <p>Amount of Each Receipt this Period  46.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. RICHARD E CODY</b></p> <p>Mailing Address 106 DANFORTH PLACE</p> <p>City State Zip Code  WILIMINGTON DE 19810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  GENESIS HEALTHCARE CORPORATION VP-IS SUPPORT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  506.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 23 / 2014  <b>Transaction ID : SA11AI.65826</b></p> <p>Amount of Each Receipt this Period  46.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>138.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **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 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RICHARD E CODY**

Mailing Address 106 DANFORTH PLACE

City State Zip Code  
 WILIMINGTON DE 19810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-IS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.65827

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

**B. RICHARD E CODY**

Mailing Address 106 DANFORTH PLACE

City State Zip Code  
 WILIMINGTON DE 19810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-IS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.65828

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

**C. Michelle Costa**

Mailing Address 109 Jillian Way

City State Zip Code  
 Westport MA 02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.66218

Amount of Each Receipt this Period

50.00

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

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

142.00

# **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 47 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Costa**

Mailing Address 109 Jillian Way

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66219

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michelle Costa**

Mailing Address 109 Jillian Way

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66220

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Michelle Costa**

Mailing Address 109 Jillian Way

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66221

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Costa**

Mailing Address 109 Jillian Way

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66222

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michelle Costa**

Mailing Address 109 Jillian Way

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66223

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. VICKIE L COX**

Mailing Address 5760 SUMMIT BRIDGE ROAD

City

TOWNSEND

State

DE

Zip Code

19734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65689

Amount of Each Receipt this Period

20.00

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

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

120.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VICKIE L COX**

Mailing Address 5760 SUMMIT BRIDGE ROAD

City

TOWNSEND

State

DE

Zip Code

19734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65690

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. VICKIE L COX**

Mailing Address 5760 SUMMIT BRIDGE ROAD

City

TOWNSEND

State

DE

Zip Code

19734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65691

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Melissa Craig**

Mailing Address 14808 S 53RD EAST AVE

City

BIXBY

State

OK

Zip Code

74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.16

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.67427

Amount of Each Receipt this Period

80.42

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

120.42

**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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **Melissa Craig**

Mailing Address 14808 S 53RD EAST AVE

City State Zip Code  
 BIXBY OK 74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 25 2014

Transaction ID : SA11AI.67428

Amount of Each Receipt this Period

80.42

Full Name (Last, First, Middle Initial)

B. **Melissa Craig**

Mailing Address 14808 S 53RD EAST AVE

City State Zip Code  
 BIXBY OK 74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 09 2014

Transaction ID : SA11AI.67429

Amount of Each Receipt this Period

80.42

Full Name (Last, First, Middle Initial)

C. **Melissa Craig**

Mailing Address 14808 S 53RD EAST AVE

City State Zip Code  
 BIXBY OK 74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 23 2014

Transaction ID : SA11AI.67430

Amount of Each Receipt this Period

80.42

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

241.26

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 51 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Melissa Craig**

Mailing Address 14808 S 53RD EAST AVE

City State Zip Code  
 BIXBY OK 74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.34

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67431

Amount of Each Receipt this Period

95.92

Full Name (Last, First, Middle Initial)

**B. Melissa Craig**

Mailing Address 14808 S 53RD EAST AVE

City State Zip Code  
 BIXBY OK 74008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.52

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67432

Amount of Each Receipt this Period

89.18

Full Name (Last, First, Middle Initial)

**C. Donald Criger**

Mailing Address 1035 GREEN RIDGE ROAD

City State Zip Code  
 CATAULA GA 31804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.67415

Amount of Each Receipt this Period

35.00

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

220.10

**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 52 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Criger**

Mailing Address 1035 GREEN RIDGE ROAD

City State Zip Code  
 CATAULA GA 31804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.67416**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Donald Criger**

Mailing Address 1035 GREEN RIDGE ROAD

City State Zip Code  
 CATAULA GA 31804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.67417**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Donald Criger**

Mailing Address 1035 GREEN RIDGE ROAD

City State Zip Code  
 CATAULA GA 31804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.67418**

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 53 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Donald Criger

Mailing Address 1035 GREEN RIDGE ROAD

City State Zip Code  
 CATAULA GA 31804

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.67419

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Donald Criger

Mailing Address 1035 GREEN RIDGE ROAD

City State Zip Code  
 CATAULA GA 31804

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.67420

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. John Crotty

Mailing Address 13 KIMBERLY DR

City State Zip Code  
 SOUTH HADLEY MA 01075

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.66923

Amount of Each Receipt this Period

20.00

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 54 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Crotty**

Mailing Address 13 KIMBERLY DR

City

SOUTH HADLEY

State

MA

Zip Code

01075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66924

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John Crotty**

Mailing Address 13 KIMBERLY DR

City

SOUTH HADLEY

State

MA

Zip Code

01075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66925

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mary Crotty**

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66379

Amount of Each Receipt this Period

35.00

**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 55 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Crotty**

Mailing Address 6 Munroe Drive

City State Zip Code  
 Rockport MA 01966

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.66380

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Mary Crotty**

Mailing Address 6 Munroe Drive

City State Zip Code  
 Rockport MA 01966

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : SA11AI.66381

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Mary Crotty**

Mailing Address 6 Munroe Drive

City State Zip Code  
 Rockport MA 01966

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.66382

Amount of Each Receipt this Period

35.00

**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:  
 (check only one)

PAGE 56 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Crotty**

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SA11AI.66383

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Mary Crotty**

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SA11AI.66384

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. KENNETH CULLEROT**

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP &amp; REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : SA11AI.65568

Amount of Each Receipt this Period

50.00

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 57 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. KENNETH CULLEROT**

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code  
HENNIKER NH 03242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65569

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. KENNETH CULLEROT**

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code  
HENNIKER NH 03242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65570

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. KENNETH CULLEROT**

Mailing Address 44 TANGLEWOOD DRIVE

City State Zip Code  
HENNIKER NH 03242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65571

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KENNETH CULLEROT**

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65572

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. KENNETH CULLEROT**

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65573

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JEFF CUNNINGHAM**

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66016

Amount of Each Receipt this Period

50.00

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

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

150.00

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

PAGE 59 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEFF CUNNINGHAM**

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : SA11AI.66017

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JEFF CUNNINGHAM**

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11AI.66018

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JEFF CUNNINGHAM**

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.66019

Amount of Each Receipt this Period

50.00

**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 60 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEFF CUNNINGHAM**

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66020

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JEFF CUNNINGHAM**

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66021

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. PAULA D'AMICO**

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66569

Amount of Each Receipt this Period

80.00

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

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

180.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAULA D'AMICO**

Mailing Address 12 FLYWAY DRIVE

City State Zip Code  
NEWTOWN SQUARE PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66570

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. PAULA D'AMICO**

Mailing Address 12 FLYWAY DRIVE

City State Zip Code  
NEWTOWN SQUARE PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66571

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. PAULA D'AMICO**

Mailing Address 12 FLYWAY DRIVE

City State Zip Code  
NEWTOWN SQUARE PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66572

Amount of Each Receipt this Period

80.00

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

240.00

**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 62 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAULA D'AMICO**

Mailing Address 12 FLYWAY DRIVE

City State Zip Code  
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.66573**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. PAULA D'AMICO**

Mailing Address 12 FLYWAY DRIVE

City State Zip Code  
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.66574**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. Katherine Davis**

Mailing Address 16450 CHALET CIRCLE

City State Zip Code  
 WESTFIELD IN 46074

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.67285**

Amount of Each Receipt this Period

50.00

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

210.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Katherine Davis**

Mailing Address 16450 CHALET CIRCLE

City  
WESTFIELDState Zip Code  
IN 46074FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES &amp; MARKETING

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
04		25		2014

Transaction ID : SA11AI.67286

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Katherine Davis**

Mailing Address 16450 CHALET CIRCLE

City  
WESTFIELDState Zip Code  
IN 46074FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES &amp; MARKETING

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		09		2014

Transaction ID : SA11AI.67287

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Katherine Davis**

Mailing Address 16450 CHALET CIRCLE

City  
WESTFIELDState Zip Code  
IN 46074FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES &amp; MARKETING

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
05		23		2014

Transaction ID : SA11AI.67288

Amount of Each Receipt this Period

50.00

**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 64 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Katherine Davis**

Mailing Address 16450 CHALET CIRCLE

City State Zip Code  
 WESTFIELD IN 46074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.67289**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Katherine Davis**

Mailing Address 16450 CHALET CIRCLE

City State Zip Code  
 WESTFIELD IN 46074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.67290**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. KEITH DAVIS**

Mailing Address 33 RICKLAND DRIVE

City State Zip Code  
 SEWELL NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.65768**

Amount of Each Receipt this Period

65.00

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

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

165.00



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

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

FOR LINE NUMBER: PAGE 65 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City  
SEWELL

State Zip Code  
NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65769

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City  
SEWELL

State Zip Code  
NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65770

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City  
SEWELL

State Zip Code  
NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65771

Amount of Each Receipt this Period

65.00

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

195.00

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 66 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KEITH DAVIS**

Mailing Address 33 RICKLAND DRIVE

City  
SEWELL

State Zip Code  
NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65772

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. KEITH DAVIS**

Mailing Address 33 RICKLAND DRIVE

City  
SEWELL

State Zip Code  
NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65773

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**C. CAROLYN DIEFENDERFER**

Mailing Address 1 DUBB DRIVE

City  
NEWARK

State Zip Code  
DE 19702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65890

Amount of Each Receipt this Period

55.00

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

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

185.00

# **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 67 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. CAROLYN DIEFENDERFER</b></p> <p>Mailing Address 1 DUBB DRIVE</p> <p>City State Zip Code NEWARK DE 19702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTH VENTURES, INC. DIRECTOR-CORPORATE BILLING SYS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 495.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2014 <b>Transaction ID : SA11AI.65891</b></p> <p>Amount of Each Receipt this Period 55.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CAROLYN DIEFENDERFER</b></p> <p>Mailing Address 1 DUBB DRIVE</p> <p>City State Zip Code NEWARK DE 19702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTH VENTURES, INC. DIRECTOR-CORPORATE BILLING SYS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2014 <b>Transaction ID : SA11AI.65892</b></p> <p>Amount of Each Receipt this Period 55.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. CAROLYN DIEFENDERFER</b></p> <p>Mailing Address 1 DUBB DRIVE</p> <p>City State Zip Code NEWARK DE 19702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTH VENTURES, INC. DIRECTOR-CORPORATE BILLING SYS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 605.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2014 <b>Transaction ID : SA11AI.65893</b></p> <p>Amount of Each Receipt this Period 55.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>165.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE 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 68 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. CAROLYN DIEFENDERFER</b></p> <p>Mailing Address 1 DUBB DRIVE</p> <p>City State Zip Code NEWARK DE 19702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTH VENTURES, INC. DIRECTOR-CORPORATE BILLING SYS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 660.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 <b>Transaction ID : SA11AI.65894</b></p> <p>Amount of Each Receipt this Period 55.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CAROLYN DIEFENDERFER</b></p> <p>Mailing Address 1 DUBB DRIVE</p> <p>City State Zip Code NEWARK DE 19702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTH VENTURES, INC. DIRECTOR-CORPORATE BILLING SYS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 715.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2014 <b>Transaction ID : SA11AI.65895</b></p> <p>Amount of Each Receipt this Period 55.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. THOMAS DIVITTORIO</b></p> <p>Mailing Address 20 SHEFFIELD DRIVE</p> <p>City State Zip Code WEST GROVE PA 19390</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTH VENTURES, INC. VP &amp; ASST CORPORATE CONTROLLER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1536.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014 <b>Transaction ID : SA11AI.66107</b></p> <p>Amount of Each Receipt this Period 192.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>302.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

FOR LINE NUMBER: PAGE 69 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP &amp; ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66108

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

B. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP &amp; ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66109

Amount of Each Receipt this Period

192.00

Full Name (Last, First, Middle Initial)

C. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City

WEST GROVE

State

PA

Zip Code

19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP &amp; ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66110

Amount of Each Receipt this Period

192.00

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:  
(check only one)

PAGE 70 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. THOMAS DIVITTORIO</b></p> <p>Mailing Address 20 SHEFFIELD DRIVE</p> <p>City WEST GROVE State PA Zip Code 19390</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP &amp; ASST CORPORATE CONTROLLER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2304.00</p>			<p>Date of Receipt  <b>06 / 06 / 2014</b>  <b>Transaction ID : SA11AI.66111</b> </p> <p>Amount of Each Receipt this Period 192.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. THOMAS DIVITTORIO</b></p> <p>Mailing Address 20 SHEFFIELD DRIVE</p> <p>City WEST GROVE State PA Zip Code 19390</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTH VENTURES, INC. Occupation VP &amp; ASST CORPORATE CONTROLLER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2496.00</p>			<p>Date of Receipt  <b>06 / 20 / 2014</b>  <b>Transaction ID : SA11AI.66112</b> </p> <p>Amount of Each Receipt this Period 192.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Jason Dobry</b></p> <p>Mailing Address 421 PRESCOTT DRIVE</p> <p>City CHESTER SPRINGS State PA Zip Code 19425</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-SR. SPEND MGMT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 320.00</p>			<p>Date of Receipt  <b>04 / 11 / 2014</b>  <b>Transaction ID : SA11AI.67325</b> </p> <p>Amount of Each Receipt this Period 40.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			424.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code  
CHESTER SPRINGS PA 19425

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67326

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code  
CHESTER SPRINGS PA 19425

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67327

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jason Dobry

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code  
CHESTER SPRINGS PA 19425

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67328

Amount of Each Receipt this Period

40.00

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 72 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jason Dobry**

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code  
 CHESTER SPRINGS PA 19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67329

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Jason Dobry**

Mailing Address 421 PRESCOTT DRIVE

City State Zip Code  
 CHESTER SPRINGS PA 19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-SR. SPEND MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67330

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Novaleigh Dodge-Krupa**

Mailing Address 162 PLEASANT STREET

City State Zip Code  
 READING MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66193

Amount of Each Receipt this Period

40.00

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

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

120.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Novaleigh Dodge-Krupa**

Mailing Address 162 PLEASANT STREET

City  
READING

State Zip Code  
MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66194

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Novaleigh Dodge-Krupa**

Mailing Address 162 PLEASANT STREET

City  
READING

State Zip Code  
MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66195

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Novaleigh Dodge-Krupa**

Mailing Address 162 PLEASANT STREET

City  
READING

State Zip Code  
MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66196

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Novaleigh Dodge-Krupa**

Mailing Address 162 PLEASANT STREET

City  
READING

State Zip Code  
MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66197

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Novaleigh Dodge-Krupa**

Mailing Address 162 PLEASANT STREET

City  
READING

State Zip Code  
MA 01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66198

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH DVORAK**

Mailing Address 1408 CHESAPEAKE AVE

City  
BALTIMORE

State Zip Code  
MD 21220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65507

Amount of Each Receipt this Period

50.00

**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:  
(check only one)

PAGE 75 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH DVORAK**

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.65508**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH DVORAK**

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.65509**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH DVORAK**

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.65510**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 76 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH DVORAK**

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

Transaction ID : SA11AI.65511

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH DVORAK**

Mailing Address 1408 CHESAPEAKE AVE

City

BALTIMORE

State

MD

Zip Code

21220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2014			

Transaction ID : SA11AI.65512

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. SHAWN P EDDY**

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

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			23			2014			

Transaction ID : SA11AI.65947

Amount of Each Receipt this Period

20.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHAWN P EDDY**

Mailing Address 5109 BRIAR MEADOW DRIVE

City	State	Zip Code
CROSS LANES	WV	25313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

Transaction ID : SA11AI.65948

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. SHAWN P EDDY**

Mailing Address 5109 BRIAR MEADOW DRIVE

City	State	Zip Code
CROSS LANES	WV	25313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2014			

Transaction ID : SA11AI.65949

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. J. Richard Edwards**

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City	State	Zip Code
LANDENBERG	PA	19350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			11			2014			

Transaction ID : SA11AI.66613

Amount of Each Receipt this Period

70.00

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 78 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. J. Richard Edwards</b></p> <p>Mailing Address 29 SOUTHAMPTON PARISH ROAD</p> <p>City State Zip Code LANDENBERG PA 19350</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP AND TREASURER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 630.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2014 <b>Transaction ID : SA11AI.66614</b></p> <p>Amount of Each Receipt this Period 70.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. J. Richard Edwards</b></p> <p>Mailing Address 29 SOUTHAMPTON PARISH ROAD</p> <p>City State Zip Code LANDENBERG PA 19350</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP AND TREASURER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 700.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2014 <b>Transaction ID : SA11AI.66615</b></p> <p>Amount of Each Receipt this Period 70.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. J. Richard Edwards</b></p> <p>Mailing Address 29 SOUTHAMPTON PARISH ROAD</p> <p>City State Zip Code LANDENBERG PA 19350</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP AND TREASURER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 770.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2014 <b>Transaction ID : SA11AI.66616</b></p> <p>Amount of Each Receipt this Period 70.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>210.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE 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 79 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. J. Richard Edwards</b></p> <p>Mailing Address 29 SOUTHAMPTON PARISH ROAD</p> <p>City State Zip Code LANDENBERG PA 19350</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP AND TREASURER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 840.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 <b>Transaction ID : SA11AI.66617</b></p> <p>Amount of Each Receipt this Period 70.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. J. Richard Edwards</b></p> <p>Mailing Address 29 SOUTHAMPTON PARISH ROAD</p> <p>City State Zip Code LANDENBERG PA 19350</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP AND TREASURER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 910.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2014 <b>Transaction ID : SA11AI.66618</b></p> <p>Amount of Each Receipt this Period 70.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Randy Edwards</b></p> <p>Mailing Address 1208 25TH AVE SW</p> <p>City State Zip Code GREAT FALLS MT 59404</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION ADMINISTRATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 <b>Transaction ID : SA11AI.67118</b></p> <p>Amount of Each Receipt this Period 20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>160.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

FOR LINE NUMBER: PAGE 80 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Randy Edwards**

Mailing Address 1208 25TH AVE SW

City State Zip Code  
 GREAT FALLS MT 59404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

Transaction ID : SA11AI.67119

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Randy Edwards**

Mailing Address 1208 25TH AVE SW

City State Zip Code  
 GREAT FALLS MT 59404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : SA11AI.67120

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Holly Eichhorn**

Mailing Address 10 WEST MERRITT STREET

City State Zip Code  
 PLAINS PA 18705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.66443

Amount of Each Receipt this Period

20.00

**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 81 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Holly Eichhorn**

Mailing Address 10 WEST MERRITT STREET

City State Zip Code  
 PLAINS PA 18705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66444

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Holly Eichhorn**

Mailing Address 10 WEST MERRITT STREET

City State Zip Code  
 PLAINS PA 18705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66445

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lynn Elliott**

Mailing Address P.O. BOX 277

City State Zip Code  
 CANNELTON WV 25036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66783

Amount of Each Receipt this Period

20.00

**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 82 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lynn Elliott**

Mailing Address P.O. BOX 277

City  
CANNELTON

State Zip Code  
WV 25036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66784

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Lynn Elliott**

Mailing Address P.O. BOX 277

City  
CANNELTON

State Zip Code  
WV 25036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66785

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. PAMELA ELROD**

Mailing Address 16 FARLEY BROOK RD.

City  
CHELMSFORD

State Zip Code  
MA 01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66224

Amount of Each Receipt this Period

35.00

**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 83 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAMELA ELROD**

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66225

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. PAMELA ELROD**

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66226

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. PAMELA ELROD**

Mailing Address 16 FARLEY BROOK RD.

City

CHELMSFORD

State

MA

Zip Code

01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66227

Amount of Each Receipt this Period

35.00

**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 84 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City State Zip Code  
 CHELMSFORD MA 01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.66228

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. PAMELA ELROD

Mailing Address 16 FARLEY BROOK RD.

City State Zip Code  
 CHELMSFORD MA 01824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66229

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE M. EMRICK

Mailing Address 2312 BLUE JAY DRIVE

City State Zip Code  
 NAZARETH PA 18064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.66960

Amount of Each Receipt this Period

20.00

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 85 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHRISTINE M. EMRICK**

Mailing Address 2312 BLUE JAY DRIVE

City

NAZARETH

State

PA

Zip Code

18064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11AI.66961

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CHRISTINE M. EMRICK**

Mailing Address 2312 BLUE JAY DRIVE

City

NAZARETH

State

PA

Zip Code

18064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.66962

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. HOLLY J ESTEL**

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

554.45

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2014

Transaction ID : SA11AI.66144

Amount of Each Receipt this Period

100.05

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

140.05

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

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

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

FOR LINE NUMBER: PAGE 86 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code  
MORGANTOWN WV 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.44

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66145

Amount of Each Receipt this Period

65.99

Full Name (Last, First, Middle Initial)

B. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code  
MORGANTOWN WV 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66146

Amount of Each Receipt this Period

79.06

Full Name (Last, First, Middle Initial)

C. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code  
MORGANTOWN WV 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.20

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66147

Amount of Each Receipt this Period

67.70

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

212.75

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 87 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HOLLY J ESTEL**

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.79

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66148

Amount of Each Receipt this Period

81.59

Full Name (Last, First, Middle Initial)

**B. HOLLY J ESTEL**

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.16

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66149

Amount of Each Receipt this Period

69.37

Full Name (Last, First, Middle Initial)

**C. CYNTHIA H FARLEY**

Mailing Address 108 COUNTRY COVE ESTATE

City

SCOTT DEPOT

State

WV

Zip Code

25560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66542

Amount of Each Receipt this Period

20.00

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

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

170.96

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CYNTHIA H FARLEY**

Mailing Address 108 COUNTRY COVE ESTATE

City State Zip Code  
 SCOTT DEPOT WV 25560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66543

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CYNTHIA H FARLEY**

Mailing Address 108 COUNTRY COVE ESTATE

City State Zip Code  
 SCOTT DEPOT WV 25560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-REGIONAL MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66544

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Sara Farmer**

Mailing Address 9035 VILLAGE

City State Zip Code  
 ALBUQUERQUE NM 87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.67279

Amount of Each Receipt this Period

37.00

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

77.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sara Farmer**

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

**Transaction ID : SA11AI.67280**

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**B. Sara Farmer**

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

**Transaction ID : SA11AI.67281**

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**C. Sara Farmer**

Mailing Address 9035 VILLAGE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2014

**Transaction ID : SA11AI.67282**

Amount of Each Receipt this Period

37.00

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

111.00

**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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Sara Farmer

Mailing Address 9035 VILLAGE

City State Zip Code  
 ALBUQUERQUE NM 87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.67283

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

B. Sara Farmer

Mailing Address 9035 VILLAGE

City State Zip Code  
 ALBUQUERQUE NM 87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.67284

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

C. DEAN FEICK

Mailing Address 159 MERION LANE

City State Zip Code  
 READING PA 19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.65593

Amount of Each Receipt this Period

50.00

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

124.00

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 91 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DEAN FEICK**

Mailing Address 159 MERION LANE

City  
READING

State Zip Code  
PA 19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65594

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DEAN FEICK**

Mailing Address 159 MERION LANE

City  
READING

State Zip Code  
PA 19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65595

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DEAN FEICK**

Mailing Address 159 MERION LANE

City  
READING

State Zip Code  
PA 19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65596

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DEAN FEICK**

Mailing Address 159 MERION LANE

City  
READING

State Zip Code  
PA 19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65597

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DEAN FEICK**

Mailing Address 159 MERION LANE

City  
READING

State Zip Code  
PA 19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65598

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mary Ferrell**

Mailing Address 19 KITCHEN LANE

City  
FAYETTEVILLE

State Zip Code  
WV 25840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66150

Amount of Each Receipt this Period

30.00

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Ferrell**

Mailing Address 19 KITCHEN LANE

City

FAYETTEVILLE

State

WV

Zip Code

25840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66151

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mary Ferrell**

Mailing Address 19 KITCHEN LANE

City

FAYETTEVILLE

State

WV

Zip Code

25840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66152

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Mary Ferrell**

Mailing Address 19 KITCHEN LANE

City

FAYETTEVILLE

State

WV

Zip Code

25840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66153

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Ferrell**

Mailing Address 19 KITCHEN LANE

City

FAYETTEVILLE

State

WV

Zip Code

25840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.66154**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mary Ferrell**

Mailing Address 19 KITCHEN LANE

City

FAYETTEVILLE

State

WV

Zip Code

25840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.66155**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. RICHARD M FINK**

Mailing Address 12 GREENTREE DRIVE

City

PHEONIX

State

MD

Zip Code

21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.66077**

Amount of Each Receipt this Period

30.00

**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 95 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RICHARD M FINK**

Mailing Address 12 GREENTREE DRIVE

City  
PHEONIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66078

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. RICHARD M FINK**

Mailing Address 12 GREENTREE DRIVE

City  
PHEONIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66079

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. RICHARD M FINK**

Mailing Address 12 GREENTREE DRIVE

City  
PHEONIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66080

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RICHARD M FINK**

Mailing Address 12 GREENTREE DRIVE

City  
PHEONIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.66081**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. RICHARD M FINK**

Mailing Address 12 GREENTREE DRIVE

City  
PHEONIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.66082**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. IRENE FLESHNER**

Mailing Address 4613 ROXBURY DRIVE

City  
BETHESDA

State Zip Code  
MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.66060**

Amount of Each Receipt this Period

25.00

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

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

85.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 97 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. IRENE FLESHNER**

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66061

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. IRENE FLESHNER**

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66062

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. IRENE FLESHNER**

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66063

Amount of Each Receipt this Period

25.00

**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 98 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. IRENE FLESHNER**

Mailing Address 4613 ROXBURY DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

SR VP-CLINICAL PRACTICE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SA11AI.66064

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ROBIN THELMA FORTIN**

Mailing Address 142 MASSAPOAG ROAD

City

TYNGSBORO

State

MA

Zip Code

01879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	4

Transaction ID : SA11AI.66940

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ROBIN THELMA FORTIN**

Mailing Address 142 MASSAPOAG ROAD

City

TYNGSBORO

State

MA

Zip Code

01879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : SA11AI.66941

Amount of Each Receipt this Period

25.00

**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 99 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **ROBIN THELMA FORTIN**

Mailing Address 142 MASSAPOAG ROAD

City State Zip Code  
 TYNGSBORO MA 01879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

Transaction ID : SA11AI.66942

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **ROBIN THELMA FORTIN**

Mailing Address 142 MASSAPOAG ROAD

City State Zip Code  
 TYNGSBORO MA 01879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014

Transaction ID : SA11AI.66943

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **ROBIN THELMA FORTIN**

Mailing Address 142 MASSAPOAG ROAD

City State Zip Code  
 TYNGSBORO MA 01879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11AI.66944

Amount of Each Receipt this Period

25.00

**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 100 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Travis Giese**

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code  
 TWIN FALLS ID 83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.67489**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Travis Giese**

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code  
 TWIN FALLS ID 83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.67490**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Travis Giese**

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code  
 TWIN FALLS ID 83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.67491**

Amount of Each Receipt this Period

25.00

**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 101 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Travis Giese**

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code  
 TWIN FALLS ID 83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2014

Transaction ID : SA11AI.67492

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Travis Giese**

Mailing Address 2037 RIVERCREST DR APT 208

City State Zip Code  
 TWIN FALLS ID 83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : SA11AI.67493

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Jim Grady**

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code  
 GOSHEN KY 40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.67385

Amount of Each Receipt this Period

70.37

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

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

120.37

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

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

FOR LINE NUMBER: PAGE 102 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jim Grady**

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code  
 GOSHEN KY 40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.73

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 25 2014

Transaction ID : SA11AI.67386

Amount of Each Receipt this Period

70.37

Full Name (Last, First, Middle Initial)

**B. Jim Grady**

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code  
 GOSHEN KY 40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 09 2014

Transaction ID : SA11AI.67387

Amount of Each Receipt this Period

70.37

Full Name (Last, First, Middle Initial)

**c. Jim Grady**

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code  
 GOSHEN KY 40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.47

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 23 2014

Transaction ID : SA11AI.67388

Amount of Each Receipt this Period

70.37

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

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

211.11

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jim Grady**

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code  
GOSHEN KY 40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.47

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.67389**

Amount of Each Receipt this Period

106.00

Full Name (Last, First, Middle Initial)

**B. Jim Grady**

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code  
GOSHEN KY 40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.17

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.67390**

Amount of Each Receipt this Period

81.70

Full Name (Last, First, Middle Initial)

**C. DENNIS GREGORY**

Mailing Address 17 ONEIDA COURT

City State Zip Code  
CHESTER SPRINGS PA 19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.65636**

Amount of Each Receipt this Period

35.00

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

222.70

**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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DENNIS GREGORY**

Mailing Address 17 ONEIDA COURT

City State Zip Code  
 CHESTER SPRINGS PA 19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.65637

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. DENNIS GREGORY**

Mailing Address 17 ONEIDA COURT

City State Zip Code  
 CHESTER SPRINGS PA 19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : SA11AI.65638

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. DENNIS GREGORY**

Mailing Address 17 ONEIDA COURT

City State Zip Code  
 CHESTER SPRINGS PA 19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.65639

Amount of Each Receipt this Period

35.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DENNIS GREGORY**

Mailing Address 17 ONEIDA COURT

City	State	Zip Code
CHESTER SPRINGS	PA	19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2014

Transaction ID : SA11AI.65640

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. DENNIS GREGORY**

Mailing Address 17 ONEIDA COURT

City	State	Zip Code
CHESTER SPRINGS	PA	19425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2014

Transaction ID : SA11AI.65641

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. FRANCIS GROSSO**Mailing Address 28 COMMONWEALTH AVENUE  
APT #4

City	State	Zip Code
BOSTON	MA	02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHARMACY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.66759

Amount of Each Receipt this Period

20.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRANCIS GROSSO**Mailing Address 28 COMMONWEALTH AVENUE  
APT #4

City	State	Zip Code
BOSTON	MA	02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHARMACY 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	/	06	/	2014

Transaction ID : SA11AI.66760

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. FRANCIS GROSSO**Mailing Address 28 COMMONWEALTH AVENUE  
APT #4

City	State	Zip Code
BOSTON	MA	02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PHARMACY 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	/	20	/	2014

Transaction ID : SA11AI.66761

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MARYLEE GROSSO**

Mailing Address 28 COMMONWEALTH AVENUE #4

City	State	Zip Code
BOSTON	MA	02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.65857

Amount of Each Receipt this Period

20.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MARYLEE GROSSO**

Mailing Address 28 COMMONWEALTH AVENUE #4

City  
BOSTONState  
MAZip Code  
02116FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

Transaction ID : SA11AI.65858

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MARYLEE GROSSO**

Mailing Address 28 COMMONWEALTH AVENUE #4

City  
BOSTONState  
MAZip Code  
02116FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2014			

Transaction ID : SA11AI.65859

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL P GUGLIELMO**

Mailing Address 1503 STALEY CIRCLE

City  
HARLEYSVILLEState  
PAZip Code  
19438FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			11			2014			

Transaction ID : SA11AI.66824

Amount of Each Receipt this Period

50.00

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 108 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MICHAEL P GUGLIELMO**

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66825

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL P GUGLIELMO**

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66826

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL P GUGLIELMO**

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66827

Amount of Each Receipt this Period

50.00

**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 109 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MICHAEL P GUGLIELMO**

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66828

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL P GUGLIELMO**

Mailing Address 1503 STALEY CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66829

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. KATHY L HADDON**

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65720

Amount of Each Receipt this Period

100.00

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

200.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KATHY L HADDON**

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65721

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. KATHY L HADDON**

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65722

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. KATHY L HADDON**

Mailing Address 312 LEE ROAD

City

FOLLANSBEE

State

WV

Zip Code

26037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65723

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KATHY L HADDON**

Mailing Address 312 LEE ROAD

City State Zip Code  
 FOLLANSBEE WV 26037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.65724

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. KATHY L HADDON**

Mailing Address 312 LEE ROAD

City State Zip Code  
 FOLLANSBEE WV 26037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.65725

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Robert Harris**

Mailing Address 56 Covington Drive

City State Zip Code  
 Shrewsbury PA 17361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Genesis HealthCare Corp

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 04 / 2014

Transaction ID : SA11AI.66403

Amount of Each Receipt this Period

35.00

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

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

235.00

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

PAGE 112 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Harris**

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corp

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

**Transaction ID : SA11AI.66404**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Robert Harris**

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corp

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

**Transaction ID : SA11AI.66405**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Robert Harris**

Mailing Address 56 Covington Drive

City

Shrewsbury

State

PA

Zip Code

17361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corp

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

**Transaction ID : SA11AI.66406**

Amount of Each Receipt this Period

35.00

**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 113 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Robert Harris

Mailing Address 56 Covington Drive

City State Zip Code  
 Shrewsbury PA 17361

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis HealthCare Corp

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 30 / 2014

Transaction ID : SA11AI.66407

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Robert Harris

Mailing Address 56 Covington Drive

City State Zip Code  
 Shrewsbury PA 17361

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis HealthCare Corp

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 13 / 2014

Transaction ID : SA11AI.66408

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Robert Harris

Mailing Address 56 Covington Drive

City State Zip Code  
 Shrewsbury PA 17361

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis HealthCare Corp

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11AI.66409

Amount of Each Receipt this Period

35.00

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:  
(check only one)

PAGE 114 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wm. Craig Harris**

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66239

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Wm. Craig Harris**

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66240

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Wm. Craig Harris**

Mailing Address 102 PATRIOT DRIVE

City

COLLEGEVILLE

State

PA

Zip Code

19426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66241

Amount of Each Receipt this Period

20.00

**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 115 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Heaton**

Mailing Address 28266 GLENBROOK

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67295

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Robert Heaton**

Mailing Address 28266 GLENBROOK

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67296

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Robert Heaton**

Mailing Address 28266 GLENBROOK

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67297

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Heaton**

Mailing Address 28266 GLENBROOK

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.67298

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Robert Heaton**

Mailing Address 28266 GLENBROOK

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67299

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Robert Heaton**

Mailing Address 28266 GLENBROOK

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67300

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KATHRYN HEFLIN**

Mailing Address 497 WINDING CREEK COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66294

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. KATHRYN HEFLIN**

Mailing Address 497 WINDING CREEK COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66295

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. KATHRYN HEFLIN**

Mailing Address 497 WINDING CREEK COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66296

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KATHRYN HEFLIN**

Mailing Address 497 WINDING CREEK COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66297

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. KATHRYN HEFLIN**

Mailing Address 497 WINDING CREEK COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66298

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. KATHRYN HEFLIN**

Mailing Address 497 WINDING CREEK COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66299

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NATALIE P HOLLAND**

Mailing Address 2306 SULGRAVE AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.50

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65813

Amount of Each Receipt this Period

18.50

Full Name (Last, First, Middle Initial)

**B. NATALIE P HOLLAND**

Mailing Address 2306 SULGRAVE AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65814

Amount of Each Receipt this Period

18.50

Full Name (Last, First, Middle Initial)

**C. NATALIE P HOLLAND**

Mailing Address 2306 SULGRAVE AVENUE

City

BALTIMORE

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65815

Amount of Each Receipt this Period

18.50

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

55.50

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Darin Hopping**

Mailing Address 130 FOXGLOVE LN

City  
LEXINGTON

State Zip Code  
NC 27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.81

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67361

Amount of Each Receipt this Period

70.89

Full Name (Last, First, Middle Initial)

## **B. Darin Hopping**

Mailing Address 130 FOXGLOVE LN

City  
LEXINGTON

State Zip Code  
NC 27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.53

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67362

Amount of Each Receipt this Period

68.72

Full Name (Last, First, Middle Initial)

## **C. Darin Hopping**

Mailing Address 130 FOXGLOVE LN

City  
LEXINGTON

State Zip Code  
NC 27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.41

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67363

Amount of Each Receipt this Period

83.88

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

223.49

**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 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Darin Hopping**

Mailing Address 130 FOXGLOVE LN

City State Zip Code  
 LEXINGTON NC 27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.67364

Amount of Each Receipt this Period

68.72

Full Name (Last, First, Middle Initial)

## **B. Darin Hopping**

Mailing Address 130 FOXGLOVE LN

City State Zip Code  
 LEXINGTON NC 27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.67365

Amount of Each Receipt this Period

68.72

Full Name (Last, First, Middle Initial)

## **C. Darin Hopping**

Mailing Address 130 FOXGLOVE LN

City State Zip Code  
 LEXINGTON NC 27292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.67366

Amount of Each Receipt this Period

68.72

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

206.16

**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 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. REGINA R JONES**

Mailing Address 2 WEATHERLY AVENUE

City State Zip Code  
 NEWPORT RI 02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.65655

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. REGINA R JONES**

Mailing Address 2 WEATHERLY AVENUE

City State Zip Code  
 NEWPORT RI 02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 30 / 2014

Transaction ID : SA11AI.65656

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. REGINA R JONES**

Mailing Address 2 WEATHERLY AVENUE

City State Zip Code  
 NEWPORT RI 02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.65657

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. REGINA R JONES**

Mailing Address 2 WEATHERLY AVENUE

City  
NEWPORT

State Zip Code  
RI 02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.65658

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. REGINA R JONES**

Mailing Address 2 WEATHERLY AVENUE

City  
NEWPORT

State Zip Code  
RI 02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65659

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. REGINA R JONES**

Mailing Address 2 WEATHERLY AVENUE

City  
NEWPORT

State Zip Code  
RI 02840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11AI.65660

Amount of Each Receipt this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William Keener, Jr**

Mailing Address 487 REIGATE DR

City

KERNERSVILLE

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67047

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. William Keener, Jr**

Mailing Address 487 REIGATE DR

City

KERNERSVILLE

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67048

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. William Keener, Jr**

Mailing Address 487 REIGATE DR

City

KERNERSVILLE

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67049

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Kelley**

Mailing Address 804 FORESTBROOK DRIVE

City State Zip Code  
HURRICANE WV 25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66245

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Thomas Kelley**

Mailing Address 804 FORESTBROOK DRIVE

City State Zip Code  
HURRICANE WV 25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66246

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Kelley**

Mailing Address 804 FORESTBROOK DRIVE

City State Zip Code  
HURRICANE WV 25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66247

Amount of Each Receipt this Period

20.00

**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 126 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City State Zip Code  
 MARION OH 43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.61

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11AI.67062

Amount of Each Receipt this Period

34.91

Full Name (Last, First, Middle Initial)

## **B. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City State Zip Code  
 MARION OH 43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.16

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11AI.67063

Amount of Each Receipt this Period

34.55

Full Name (Last, First, Middle Initial)

## **C. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City State Zip Code  
 MARION OH 43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.94

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.67064

Amount of Each Receipt this Period

33.78

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

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

103.24

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

PAGE 127 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.67065

Amount of Each Receipt this Period

33.78

Full Name (Last, First, Middle Initial)

**B. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : SA11AI.67066

Amount of Each Receipt this Period

36.55

Full Name (Last, First, Middle Initial)

**C. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City	State	Zip Code
MARION	OH	43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.67067

Amount of Each Receipt this Period

35.27

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

105.60

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Shannon Kellogg**

Mailing Address 1454 MARION CARDINGTON RD E

City State Zip Code  
 MARION OH 43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11AI.67068**

Amount of Each Receipt this Period

34.46

Full Name (Last, First, Middle Initial)

## **B. WALTER J KIELAR**

Mailing Address 12 BLANTYRE CIR

City State Zip Code  
 THORNTON PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.65544**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. WALTER J KIELAR**

Mailing Address 12 BLANTYRE CIR

City State Zip Code  
 THORNTON PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.65545**

Amount of Each Receipt this Period

150.00

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

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

334.46



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WALTER J KIELAR**

Mailing Address 12 BLANTYRE CIR

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65546

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. WALTER J KIELAR**

Mailing Address 12 BLANTYRE CIR

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65547

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. WALTER J KIELAR**

Mailing Address 12 BLANTYRE CIR

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65548

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. WALTER J KIELAR</b></p> <p>Mailing Address 12 BLANTYRE CIR</p> <p>City State Zip Code THORNTON PA 19373</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP-SR CENTERS OPERATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1950.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 20 / 2014  <b>Transaction ID : SA11AI.65549</b> </p> <p>Amount of Each Receipt this Period 150.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Trevor Kinney</b></p> <p>Mailing Address 825 SWAMP RD.</p> <p>City State Zip Code COVENTRY CT 06238</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP OPERATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 521.15</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 11 / 2014  <b>Transaction ID : SA11AI.66101</b> </p> <p>Amount of Each Receipt this Period 66.08</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Trevor Kinney</b></p> <p>Mailing Address 825 SWAMP RD.</p> <p>City State Zip Code COVENTRY CT 06238</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION VP OPERATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 592.38</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 25 / 2014  <b>Transaction ID : SA11AI.66102</b> </p> <p>Amount of Each Receipt this Period 71.23</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		287.31
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER: PAGE 131 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Trevor Kinney

Mailing Address 825 SWAMP RD.

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

659.31

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66103

Amount of Each Receipt this Period

66.93

Full Name (Last, First, Middle Initial)

B. Trevor Kinney

Mailing Address 825 SWAMP RD.

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.90

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66104

Amount of Each Receipt this Period

61.59

Full Name (Last, First, Middle Initial)

C. Trevor Kinney

Mailing Address 825 SWAMP RD.

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

789.54

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66105

Amount of Each Receipt this Period

68.64

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

197.16

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 132 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Trevor Kinney**

Mailing Address 825 SWAMP RD.

City State Zip Code  
COVENTRY CT 06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.13

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.66106**

Amount of Each Receipt this Period

61.59

Full Name (Last, First, Middle Initial)

**B. ERIN KNOEPFEL**

Mailing Address 9128 VALLEY VIEW DRIVE

City State Zip Code  
CLARKS SUMMIT PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.66637**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. ERIN KNOEPFEL**

Mailing Address 9128 VALLEY VIEW DRIVE

City State Zip Code  
CLARKS SUMMIT PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.66638**

Amount of Each Receipt this Period

30.00

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

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

121.59

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. ERIN KNOEPFEL**

Mailing Address 9128 VALLEY VIEW DRIVE

City State Zip Code  
 CLARKS SUMMIT PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.66639**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. ERIN KNOEPFEL**

Mailing Address 9128 VALLEY VIEW DRIVE

City State Zip Code  
 CLARKS SUMMIT PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.66640**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. ERIN KNOEPFEL**

Mailing Address 9128 VALLEY VIEW DRIVE

City State Zip Code  
 CLARKS SUMMIT PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.66641**

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ERIN KNOEPFEL**

Mailing Address 9128 VALLEY VIEW DRIVE

City State Zip Code  
 CLARKS SUMMIT PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION DIRECTOR-CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.66642**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mary Anne Kurowski**

Mailing Address 18 MEMEL DRIVE

City State Zip Code  
 THORNTON PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.66065**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mary Anne Kurowski**

Mailing Address 18 MEMEL DRIVE

City State Zip Code  
 THORNTON PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 GENESIS HEALTHCARE CORPORATION VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.66066**

Amount of Each Receipt this Period

50.00

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Anne Kurowski**

Mailing Address 18 MEMEL DRIVE

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66067

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mary Anne Kurowski**

Mailing Address 18 MEMEL DRIVE

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66068

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mary Anne Kurowski**

Mailing Address 18 MEMEL DRIVE

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66069

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Anne Kurowski**

Mailing Address 18 MEMEL DRIVE

City  
THORNTON

State Zip Code  
PA 19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66070

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. WENDY LABATE**

Mailing Address 36 MACDONALD DRIVE

City  
NASHUA

State Zip Code  
NH 03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66230

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. WENDY LABATE**

Mailing Address 36 MACDONALD DRIVE

City  
NASHUA

State Zip Code  
NH 03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66231

Amount of Each Receipt this Period

100.00

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

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

250.00



# **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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. WENDY LABATE**

Mailing Address 36 MACDONALD DRIVE

City  
NASHUA

State Zip Code  
NH 03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66232

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. WENDY LABATE**

Mailing Address 36 MACDONALD DRIVE

City  
NASHUA

State Zip Code  
NH 03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66233

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. WENDY LABATE**

Mailing Address 36 MACDONALD DRIVE

City  
NASHUA

State Zip Code  
NH 03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66234

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. WENDY LABATE**

Mailing Address 36 MACDONALD DRIVE

City  
NASHUA

State Zip Code  
NH 03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66235

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. LAURENCE F LANE**

Mailing Address 1616 STEPHENS DRIVE

City  
WAYNE

State Zip Code  
PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66385

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. LAURENCE F LANE**

Mailing Address 1616 STEPHENS DRIVE

City  
WAYNE

State Zip Code  
PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66386

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 139 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAURENCE F LANE**

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code  
WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66387

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. LAURENCE F LANE**

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code  
WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66388

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LAURENCE F LANE**

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code  
WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66389

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAURENCE F LANE**

Mailing Address 1616 STEPHENS DRIVE

City State Zip Code  
 WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66390

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MARK W LATHAM**

Mailing Address 100 CRAM ROAD

City State Zip Code  
 SANBORNTON NH 03269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.66345

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MARK W LATHAM**

Mailing Address 100 CRAM ROAD

City State Zip Code  
 SANBORNTON NH 03269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.66346

Amount of Each Receipt this Period

20.00

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

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

140.00

# **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 141 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. MARK W LATHAM**

Mailing Address 100 CRAM ROAD

City

SANBORNTON

State

NH

Zip Code

03269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66347

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Robert Lombardo**

Mailing Address 12406 BLUE IRIS LANE

City

PLAINFIELD

State

IL

Zip Code

60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67501

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. Robert Lombardo**

Mailing Address 12406 BLUE IRIS LANE

City

PLAINFIELD

State

IL

Zip Code

60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67502

Amount of Each Receipt this Period

40.00

**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: PAGE 142 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Lombardo**

Mailing Address 12406 BLUE IRIS LANE

City State Zip Code  
 PLAINFIELD IL 60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.67503**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Robert Lombardo**

Mailing Address 12406 BLUE IRIS LANE

City State Zip Code  
 PLAINFIELD IL 60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.67504**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Robert Lombardo**

Mailing Address 12406 BLUE IRIS LANE

City State Zip Code  
 PLAINFIELD IL 60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.67505**

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 143 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Robert Lombardo**

Mailing Address 12406 BLUE IRIS LANE

City State Zip Code  
PLAINFIELD IL 60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67506

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. JOHN F LOOME**

Mailing Address 3523 RUNNYMEDE PLACE,NW

City State Zip Code  
WASHINGTON DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66607

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. JOHN F LOOME**

Mailing Address 3523 RUNNYMEDE PLACE,NW

City State Zip Code  
WASHINGTON DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66608

Amount of Each Receipt this Period

50.00

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

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

140.00

# **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 144 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN F LOOME**

Mailing Address 3523 RUNNYMEDE PLACE,NW

City  
WASHINGTON

State Zip Code  
DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66609

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOHN F LOOME**

Mailing Address 3523 RUNNYMEDE PLACE,NW

City  
WASHINGTON

State Zip Code  
DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66610

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOHN F LOOME**

Mailing Address 3523 RUNNYMEDE PLACE,NW

City  
WASHINGTON

State Zip Code  
DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66611

Amount of Each Receipt this Period

50.00

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

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

150.00



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

PAGE 145 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN F LOOME**

Mailing Address 3523 RUNNYMEDE PLACE,NW

City  
WASHINGTONState  
DCZip Code  
20015FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

Transaction ID : SA11AI.66612

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DONALEE A LOUX**

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2014

Transaction ID : SA11AI.65756

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DONALEE A LOUX**

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.65757

Amount of Each Receipt this Period

50.00

**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 146 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DONALEE A LOUX**

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65758

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DONALEE A LOUX**

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65759

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DONALEE A LOUX**

Mailing Address 118 SCOTTS GLEN ROAD

City

LINCOLN UNIVERSITY

State

PA

Zip Code

19352-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65760

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 147 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DONALEE A LOUX**

Mailing Address 118 SCOTTS GLEN ROAD

City State Zip Code  
LINCOLN UNIVERSITY PA 19352-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65761

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. PAUL MAHONEY**

Mailing Address 49 BARRY AVE

City State Zip Code  
SOMERSET MA 02726

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65917

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. PAUL MAHONEY**

Mailing Address 49 BARRY AVE

City State Zip Code  
SOMERSET MA 02726

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65918

Amount of Each Receipt this Period

20.00

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. PAUL MAHONEY**

Mailing Address 49 BARRY AVE

City  
SOMERSET

State  
MA

Zip Code  
02726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65919

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. MAUREEN G MALEY**

Mailing Address 271 BROOK FARMS ROAD

City  
LANCASTER

State  
PA

Zip Code  
17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65981

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. MAUREEN G MALEY**

Mailing Address 271 BROOK FARMS ROAD

City  
LANCASTER

State  
PA

Zip Code  
17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65982

Amount of Each Receipt this Period

40.00

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

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

100.00

# **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 149 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MAUREEN G MALEY**

Mailing Address 271 BROOK FARMS ROAD

City  
LANCASTER

State Zip Code  
PA 17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65983

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MAUREEN G MALEY**

Mailing Address 271 BROOK FARMS ROAD

City  
LANCASTER

State Zip Code  
PA 17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65984

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. GREGORY MARKS**

Mailing Address 700 ELWOOD ROAD

City  
ELWOOD

State Zip Code  
NJ 08217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66425

Amount of Each Receipt this Period

20.00

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

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

100.00

# **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 150 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. GREGORY MARKS**

Mailing Address 700 ELWOOD ROAD

City  
ELWOOD

State Zip Code  
NJ 08217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66426

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. GREGORY MARKS**

Mailing Address 700 ELWOOD ROAD

City  
ELWOOD

State Zip Code  
NJ 08217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66427

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Erin Maronick**

Mailing Address 175 W PRESTWICK CT

City  
CASTLE ROCK

State Zip Code  
CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.98

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.67162

Amount of Each Receipt this Period

24.47

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

64.47

**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 151 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Erin Maronick**

Mailing Address 175 W PRESTWICK CT

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.32

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.67163**

Amount of Each Receipt this Period

18.34

Full Name (Last, First, Middle Initial)

**B. Erin Maronick**

Mailing Address 175 W PRESTWICK CT

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.56

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.67164**

Amount of Each Receipt this Period

24.24

Full Name (Last, First, Middle Initial)

**C. Erin Maronick**

Mailing Address 175 W PRESTWICK CT

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.90

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.67165**

Amount of Each Receipt this Period

18.34

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

60.92

**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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Erin Maronick**

Mailing Address 175 W PRESTWICK CT

City State Zip Code  
 CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-PROVIDER RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.24

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67166

Amount of Each Receipt this Period

25.34

Full Name (Last, First, Middle Initial)

**B. JOSEPH MASON**

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code  
 OAKLAND MD 21550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65692

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH MASON**

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code  
 OAKLAND MD 21550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65693

Amount of Each Receipt this Period

150.00

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

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

325.34



# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH MASON**

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code  
OAKLAND MD 21550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65694

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH MASON**

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code  
OAKLAND MD 21550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65695

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH MASON**

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code  
OAKLAND MD 21550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65696

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH MASON**

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code  
OAKLAND MD 21550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65697

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Kay Matheson**

Mailing Address 14560 W KENSINGTON CT

City State Zip Code  
BOISE ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67433

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kay Matheson**

Mailing Address 14560 W KENSINGTON CT

City State Zip Code  
BOISE ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67434

Amount of Each Receipt this Period

50.00

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

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

250.00

# **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 155 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Kay Matheson**

Mailing Address 14560 W KENSINGTON CT

City State Zip Code  
 BOISE ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.67435**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Kay Matheson**

Mailing Address 14560 W KENSINGTON CT

City State Zip Code  
 BOISE ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.67436**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Kay Matheson**

Mailing Address 14560 W KENSINGTON CT

City State Zip Code  
 BOISE ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.67437**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 156 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Kay Matheson**

Mailing Address 14560 W KENSINGTON CT

City  
BOISE

State Zip Code  
ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.67438**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. LOIS MCCASKEY**

Mailing Address 602 S. CONCORD ROAD

City  
WEST CHESTER

State Zip Code  
PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.65562**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. LOIS MCCASKEY**

Mailing Address 602 S. CONCORD ROAD

City  
WEST CHESTER

State Zip Code  
PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.65563**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LOIS MCCASKEY**

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65564

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. LOIS MCCASKEY**

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LOIS MCCASKEY**

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65566

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 158 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. LOIS MCCASKEY**

Mailing Address 602 S. CONCORD ROAD

City State Zip Code  
WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65567

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Angela McCord**

Mailing Address 1616 QUAIL MEADOWS DRIVE

City State Zip Code  
LANCASTER OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67355

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **c. Angela McCord**

Mailing Address 1616 QUAIL MEADOWS DRIVE

City State Zip Code  
LANCASTER OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67356

Amount of Each Receipt this Period

40.00

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 159 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angela McCord**

Mailing Address 1616 QUAIL MEADOWS DRIVE

City State Zip Code  
LANCASTER OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.67357

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Angela McCord**

Mailing Address 1616 QUAIL MEADOWS DRIVE

City State Zip Code  
LANCASTER OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.67358

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Angela McCord**

Mailing Address 1616 QUAIL MEADOWS DRIVE

City State Zip Code  
LANCASTER OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67359

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 160 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angela McCord**

Mailing Address 1616 QUAIL MEADOWS DRIVE

City State Zip Code  
LANCASTER OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67360

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. LAURA T MCGINTY**

Mailing Address 327 SOUTH VILLAGE LANE

City State Zip Code  
CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65762

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. LAURA T MCGINTY**

Mailing Address 327 SOUTH VILLAGE LANE

City State Zip Code  
CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65763

Amount of Each Receipt this Period

35.00

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

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

110.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 161 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAURA T MCGINTY**

Mailing Address 327 SOUTH VILLAGE LANE

City State Zip Code  
CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65764

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. LAURA T MCGINTY**

Mailing Address 327 SOUTH VILLAGE LANE

City State Zip Code  
CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65765

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. LAURA T MCGINTY**

Mailing Address 327 SOUTH VILLAGE LANE

City State Zip Code  
CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65766

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 162 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAURA T MCGINTY**

Mailing Address 327 SOUTH VILLAGE LANE

City State Zip Code  
 CHADDS FORD PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65767

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. PAUL J MCGUIRE**

Mailing Address 280 APPLETON COURT

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65680

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. PAUL J MCGUIRE**

Mailing Address 280 APPLETON COURT

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.65681

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 163 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAUL J MCGUIRE**

Mailing Address 280 APPLETON COURT

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65682

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. PAUL J MCGUIRE**

Mailing Address 280 APPLETON COURT

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65683

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. PAUL J MCGUIRE**

Mailing Address 280 APPLETON COURT

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65684

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAUL J MCGUIRE**

Mailing Address 280 APPLETON COURT

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65685

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. John McKenna**

Mailing Address 1008 STANSELL DR

City State Zip Code  
 MIDWEST CITY OK 73110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.67391

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**C. John McKenna**

Mailing Address 1008 STANSELL DR

City State Zip Code  
 MIDWEST CITY OK 73110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.67392

Amount of Each Receipt this Period

38.50

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

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

112.00

# **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 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John McKenna**

Mailing Address 1008 STANSELL DR

City State Zip Code  
MIDWEST CITY OK 73110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.67393**

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**B. John McKenna**

Mailing Address 1008 STANSELL DR

City State Zip Code  
MIDWEST CITY OK 73110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.67394**

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**C. John McKenna**

Mailing Address 1008 STANSELL DR

City State Zip Code  
MIDWEST CITY OK 73110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.67395**

Amount of Each Receipt this Period

38.50

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

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

115.50

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John McKenna**

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67396

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**B. Alicia McQuain**

Mailing Address 7703B OAKHILL RD

City

NORTH ROYALTON

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11AI.67498

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Alicia McQuain**

Mailing Address 7703B OAKHILL RD

City

NORTH ROYALTON

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2014

Transaction ID : SA11AI.67499

Amount of Each Receipt this Period

20.00

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

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

78.50

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alicia McQuain**

Mailing Address 7703B OAKHILL RD

City State Zip Code  
NORTH ROYALTON OH 44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11AI.67500

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM T MERRILL**

Mailing Address 225 TUDOR DRIVE

City State Zip Code  
NORTH WALES PA 19454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65627

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM T MERRILL**

Mailing Address 225 TUDOR DRIVE

City State Zip Code  
NORTH WALES PA 19454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65628

Amount of Each Receipt this Period

20.00

**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 168 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM T MERRILL</b></p> <p>Mailing Address 225 TUDOR DRIVE</p> <p>City NORTH WALES State PA Zip Code 19454</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-HUMAN RESOURCES REGNL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 20 / 2014  <b>Transaction ID : SA11AI.65629</b></p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Michael Meyer</b></p> <p>Mailing Address 4041 VIA MARISOL APT 102</p> <p>City LOS ANGELES State CA Zip Code 90042</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 519.74</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 07 / 2014  <b>Transaction ID : SA11AI.67031</b></p> <p>Amount of Each Receipt this Period 69.99</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Michael Meyer</b></p> <p>Mailing Address 4041 VIA MARISOL APT 102</p> <p>City LOS ANGELES State CA Zip Code 90042</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 610.02</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 21 / 2014  <b>Transaction ID : SA11AI.67032</b></p> <p>Amount of Each Receipt this Period 90.28</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			180.27	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



# **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 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Meyer**

Mailing Address 4041 VIA MARISOL  
APT 102

City State Zip Code  
LOS ANGELES CA 90042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 05 / 2014

**Transaction ID : SA11AI.67033**

Amount of Each Receipt this Period

87.36

Full Name (Last, First, Middle Initial)

**B. Michael Meyer**

Mailing Address 4041 VIA MARISOL  
APT 102

City State Zip Code  
LOS ANGELES CA 90042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.23

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.67034**

Amount of Each Receipt this Period

66.85

Full Name (Last, First, Middle Initial)

**C. Michael Meyer**

Mailing Address 4041 VIA MARISOL  
APT 102

City State Zip Code  
LOS ANGELES CA 90042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.53

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SA11AI.67035**

Amount of Each Receipt this Period

59.30

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

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

213.51

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

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

FOR LINE NUMBER: PAGE 170 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Meyer**

Mailing Address 4041 VIA MARISOL  
APT 102

City State Zip Code  
LOS ANGELES CA 90042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.36

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : SA11AI.67036

Amount of Each Receipt this Period

59.83

Full Name (Last, First, Middle Initial)

**B. Michael Meyer**

Mailing Address 4041 VIA MARISOL  
APT 102

City State Zip Code  
LOS ANGELES CA 90042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.34

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : SA11AI.67037

Amount of Each Receipt this Period

65.98

Full Name (Last, First, Middle Initial)

**C. Rebecca Mills**

Mailing Address 7001 LEGEND OAKS LN

City State Zip Code  
KNOXVILLE TN 37918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67099

Amount of Each Receipt this Period

20.00

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

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

145.81

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

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

FOR LINE NUMBER: PAGE 171 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rebecca Mills**

Mailing Address 7001 LEGEND OAKS LN

City State Zip Code  
 KNOXVILLE TN 37918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.67100

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Rebecca Mills**

Mailing Address 7001 LEGEND OAKS LN

City State Zip Code  
 KNOXVILLE TN 37918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.67101

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael Milne**

Mailing Address 11633 HEAVYTREE CT

City State Zip Code  
 GOLD RIVER CA 95670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.67258

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 172 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Milne**

Mailing Address 11633 HEAVYTREE CT

City State Zip Code  
 GOLD RIVER CA 95670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : SA11AI.67259**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Michael Milne**

Mailing Address 11633 HEAVYTREE CT

City State Zip Code  
 GOLD RIVER CA 95670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-AREA GRS II PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.67260**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Cassie Mistretta**

Mailing Address 8405 NUGGET DR

City State Zip Code  
 MOBILE AL 36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.67404**

Amount of Each Receipt this Period

25.00

**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 173 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cassie Mistretta**

Mailing Address 8405 NUGGET DR

City

MOBILE

State

AL

Zip Code

36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11Al.67405

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Cassie Mistretta**

Mailing Address 8405 NUGGET DR

City

MOBILE

State

AL

Zip Code

36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11Al.67406

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Cassie Mistretta**

Mailing Address 8405 NUGGET DR

City

MOBILE

State

AL

Zip Code

36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11Al.67407

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 174 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cassie Mistretta**

Mailing Address 8405 NUGGET DR

City State Zip Code  
MOBILE AL 36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.67408**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH MONTGOMERY**

Mailing Address 2701 BALD EAGLE CIRCLE

City State Zip Code  
AUDUBON PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.66669**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH MONTGOMERY**

Mailing Address 2701 BALD EAGLE CIRCLE

City State Zip Code  
AUDUBON PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.66670**

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 175 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH MONTGOMERY**

Mailing Address 2701 BALD EAGLE CIRCLE

City State Zip Code  
AUDUBON PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66671

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH MONTGOMERY**

Mailing Address 2701 BALD EAGLE CIRCLE

City State Zip Code  
AUDUBON PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66672

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH MONTGOMERY**

Mailing Address 2701 BALD EAGLE CIRCLE

City State Zip Code  
AUDUBON PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66673

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 176 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH MONTGOMERY**

Mailing Address 2701 BALD EAGLE CIRCLE

City State Zip Code  
AUDUBON PA 19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66674

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Kevin Mulford**

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67367

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kevin Mulford**

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67368

Amount of Each Receipt this Period

50.00

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

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

150.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 177 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kevin Mulford**

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.67369**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Kevin Mulford**

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.67370**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Kevin Mulford**

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.67371**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 178 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kevin Mulford**

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code  
WESLEY CHAPEL FL 33544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.67372**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Linda Mullen-Winer**

Mailing Address 38267 POPPET CANYON DR

City State Zip Code  
PALM DESERT CA 92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.67261**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Linda Mullen-Winer**

Mailing Address 38267 POPPET CANYON DR

City State Zip Code  
PALM DESERT CA 92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.67262**

Amount of Each Receipt this Period

35.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Linda Mullen-Winer**

Mailing Address 38267 POPPET CANYON DR

City	State	Zip Code
PALM DESERT	CA	92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11AI.67263

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Linda Mullen-Winer**

Mailing Address 38267 POPPET CANYON DR

City	State	Zip Code
PALM DESERT	CA	92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.67264

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Linda Mullen-Winer**

Mailing Address 38267 POPPET CANYON DR

City	State	Zip Code
PALM DESERT	CA	92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SA11AI.67265

Amount of Each Receipt this Period

35.00

**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:  
(check only one)

PAGE 180 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Linda Mullen-Winer**

Mailing Address 38267 POPPET CANYON DR

City State Zip Code  
 PALM DESERT CA 92260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67266

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Mullins**

Mailing Address 116 SUMMIT RIDGE RD

City State Zip Code  
 WHITE HALL WV 26554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66717

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Mullins**

Mailing Address 116 SUMMIT RIDGE RD

City State Zip Code  
 WHITE HALL WV 26554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66718

Amount of Each Receipt this Period

20.00

**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 181 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Mullins**

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

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66719

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Daniel Murray**

Mailing Address 3609 13TH AVE SW

City

OLYMPIA

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67445

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Daniel Murray**

Mailing Address 3609 13TH AVE SW

City

OLYMPIA

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67446

Amount of Each Receipt this Period

30.00

**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 182 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Murray**

Mailing Address 3609 13TH AVE SW

City State Zip Code  
 OLYMPIA WA 98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : SA11AI.67447

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Daniel Murray**

Mailing Address 3609 13TH AVE SW

City State Zip Code  
 OLYMPIA WA 98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

Transaction ID : SA11AI.67448

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Daniel Murray**

Mailing Address 3609 13TH AVE SW

City State Zip Code  
 OLYMPIA WA 98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.67449

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 183 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Murray**

Mailing Address 3609 13TH AVE SW

City State Zip Code  
 OLYMPIA WA 98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.67450

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. LAUREN F MURRAY**

Mailing Address 440 MAIN STREET

City State Zip Code  
 AMESBURY MA 01913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.66324

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LAUREN F MURRAY**

Mailing Address 440 MAIN STREET

City State Zip Code  
 AMESBURY MA 01913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.66325

Amount of Each Receipt this Period

50.00

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

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

130.00

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

PAGE 184 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAUREN F MURRAY**

Mailing Address 440 MAIN STREET

City

AMESBURY

State

MA

Zip Code

01913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11AI.66326

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. LAUREN F MURRAY**

Mailing Address 440 MAIN STREET

City

AMESBURY

State

MA

Zip Code

01913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.66327

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LAUREN F MURRAY**

Mailing Address 440 MAIN STREET

City

AMESBURY

State

MA

Zip Code

01913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11AI.66328

Amount of Each Receipt this Period

50.00

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 185 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAUREN F MURRAY**

Mailing Address 440 MAIN STREET

City State Zip Code  
 AMESBURY MA 01913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66329

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Cynthia Myers**

Mailing Address 3588 CAVE CREEK MANOR

City State Zip Code  
 LAS CRUCES NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.67439

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Cynthia Myers**

Mailing Address 3588 CAVE CREEK MANOR

City State Zip Code  
 LAS CRUCES NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.67440

Amount of Each Receipt this Period

39.00

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

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

128.00

# **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 186 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cynthia Myers**

Mailing Address 3588 CAVE CREEK MANOR

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67441

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Cynthia Myers**

Mailing Address 3588 CAVE CREEK MANOR

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67442

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Cynthia Myers**

Mailing Address 3588 CAVE CREEK MANOR

City

LAS CRUCES

State

NM

Zip Code

88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67443

Amount of Each Receipt this Period

39.00

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

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

117.00

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

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

FOR LINE NUMBER: PAGE 187 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cynthia Myers**

Mailing Address 3588 CAVE CREEK MANOR

City State Zip Code  
LAS CRUCES NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67444

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Margaret Najera**

Mailing Address 28 BROOKVIEW LOOP

City State Zip Code  
ELKTON MD 21921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11AI.66026

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Margaret Najera**

Mailing Address 28 BROOKVIEW LOOP

City State Zip Code  
ELKTON MD 21921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2014

Transaction ID : SA11AI.66027

Amount of Each Receipt this Period

20.00

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

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

79.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Margaret Najera**

Mailing Address 28 BROOKVIEW LOOP

City State Zip Code  
ELKTON MD 21921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.66028

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. KEITH NAUSE**

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code  
PHOENIX MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66187

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. KEITH NAUSE**

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code  
PHOENIX MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66188

Amount of Each Receipt this Period

50.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 189 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. KEITH NAUSE**

Mailing Address 5 COOPERSTOWN COURT

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66189

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. KEITH NAUSE**

Mailing Address 5 COOPERSTOWN COURT

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66190

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. KEITH NAUSE**

Mailing Address 5 COOPERSTOWN COURT

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66191

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 190 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. KEITH NAUSE**

Mailing Address 5 COOPERSTOWN COURT

City State Zip Code  
 PHOENIX MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66192

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Carol Nichols**

Mailing Address 339 E CAMBRIDGE DR

City State Zip Code  
 TUCSON AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.67458

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Carol Nichols**

Mailing Address 339 E CAMBRIDGE DR

City State Zip Code  
 TUCSON AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : SA11AI.67459

Amount of Each Receipt this Period

25.00

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

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

100.00

# **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 191 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carol Nichols**

Mailing Address 339 E CAMBRIDGE DR

City  
TUCSON

State Zip Code  
AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.67460

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Carol Nichols**

Mailing Address 339 E CAMBRIDGE DR

City  
TUCSON

State Zip Code  
AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67461

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Carol Nichols**

Mailing Address 339 E CAMBRIDGE DR

City  
TUCSON

State Zip Code  
AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67462

Amount of Each Receipt this Period

25.00

**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 192 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<b>A. THOMAS P O'DONNELL</b> Full Name (Last, First, Middle Initial) Mailing Address 78 ST.DAVIDS ROAD City SPRINGFIELD State PA Zip Code 19064 FEC ID number of contributing federal political committee. C Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2014 <b>Transaction ID : SA11AI.66545</b> Amount of Each Receipt this Period 40.00	
<b>B. THOMAS P O'DONNELL</b> Full Name (Last, First, Middle Initial) Mailing Address 78 ST.DAVIDS ROAD City SPRINGFIELD State PA Zip Code 19064 FEC ID number of contributing federal political committee. C Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2014 <b>Transaction ID : SA11AI.66546</b> Amount of Each Receipt this Period 40.00	
<b>C. THOMAS P O'DONNELL</b> Full Name (Last, First, Middle Initial) Mailing Address 78 ST.DAVIDS ROAD City SPRINGFIELD State PA Zip Code 19064 FEC ID number of contributing federal political committee. C Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2014 <b>Transaction ID : SA11AI.66547</b> Amount of Each Receipt this Period 40.00	
<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 193 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. THOMAS P O'DONNELL</b></p> <p>Mailing Address 78 ST.DAVIDS ROAD</p> <p>City State Zip Code SPRINGFIELD PA 19064</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-FINANCIAL ANALYSIS I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2014 <b>Transaction ID : SA11AI.66548</b></p> <p>Amount of Each Receipt this Period 40.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. THOMAS P O'DONNELL</b></p> <p>Mailing Address 78 ST.DAVIDS ROAD</p> <p>City State Zip Code SPRINGFIELD PA 19064</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-FINANCIAL ANALYSIS I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 <b>Transaction ID : SA11AI.66549</b></p> <p>Amount of Each Receipt this Period 40.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. THOMAS P O'DONNELL</b></p> <p>Mailing Address 78 ST.DAVIDS ROAD</p> <p>City State Zip Code SPRINGFIELD PA 19064</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-FINANCIAL ANALYSIS I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2014 <b>Transaction ID : SA11AI.66550</b></p> <p>Amount of Each Receipt this Period 40.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>120.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE 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 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ARTHUR L O'LEARY**

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : SA11AI.66175

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. ARTHUR L O'LEARY**

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SA11AI.66176

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. ARTHUR L O'LEARY**

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	4

Transaction ID : SA11AI.66177

Amount of Each Receipt this Period

40.00

**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 195 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ARTHUR L O'LEARY**

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66178

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. ARTHUR L O'LEARY**

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66179

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. ARTHUR L O'LEARY**

Mailing Address 79 BROAD STREET

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66180

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 196 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Susan Overton**

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66966

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Susan Overton**

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66967

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Susan Overton**

Mailing Address 434 MONTERAY LANE

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL RISK LITGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66968

Amount of Each Receipt this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 197 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deborah Pence**

Mailing Address 9520 MAY DAY ST

City  
LA PLATA

State Zip Code  
MD 20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.67338**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Deborah Pence**

Mailing Address 9520 MAY DAY ST

City  
LA PLATA

State Zip Code  
MD 20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.67339**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Deborah Pence**

Mailing Address 9520 MAY DAY ST

City  
LA PLATA

State Zip Code  
MD 20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.67340**

Amount of Each Receipt this Period

25.00

**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 198 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Deborah Pence**

Mailing Address 9520 MAY DAY ST

City  
LA PLATA

State Zip Code  
MD 20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67341

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Deborah Pence**

Mailing Address 9520 MAY DAY ST

City  
LA PLATA

State Zip Code  
MD 20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67342

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. JEANNE PHILLIPS**

Mailing Address 1816 LENAPE -UNIONVILLE RD

City  
WEST CHESTER

State Zip Code  
PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66702

Amount of Each Receipt this Period

175.00

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

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

225.00

# **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 199 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEANNE PHILLIPS**

Mailing Address 1816 LENAPE -UNIONVILLE RD

City State Zip Code  
 WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66703

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. JEANNE PHILLIPS**

Mailing Address 1816 LENAPE -UNIONVILLE RD

City State Zip Code  
 WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66704

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. JEANNE PHILLIPS**

Mailing Address 1816 LENAPE -UNIONVILLE RD

City State Zip Code  
 WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66705

Amount of Each Receipt this Period

175.00

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

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

525.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 200 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEANNE PHILLIPS**

Mailing Address 1816 LENAPE -UNIONVILLE RD

City State Zip Code  
 WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66706

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. JEANNE PHILLIPS**

Mailing Address 1816 LENAPE -UNIONVILLE RD

City State Zip Code  
 WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66707

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. JOHN C RALEY**

Mailing Address 3810 DONERIN WAY

City State Zip Code  
 PHOENIX MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66367

Amount of Each Receipt this Period

50.00

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

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

400.00



# **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 201 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN C RALEY**

Mailing Address 3810 DONERIN WAY

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66368

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOHN C RALEY**

Mailing Address 3810 DONERIN WAY

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66369

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOHN C RALEY**

Mailing Address 3810 DONERIN WAY

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66370

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 202 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN C RALEY**

Mailing Address 3810 DONERIN WAY

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66371

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JOHN C RALEY**

Mailing Address 3810 DONERIN WAY

City  
PHOENIX

State Zip Code  
MD 21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66372

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. RICHARD JAY RASKIN**

Mailing Address 156 REVERKNOLLS

City  
AVON

State Zip Code  
CT 06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66869

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 203 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. RICHARD JAY RASKIN</b></p> <p>Mailing Address 156 REVERKNOLLS</p> <p>City AVON State CT Zip Code 06001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-REGIONAL MEDICAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 25 / 2014  <b>Transaction ID : SA11AI.66870</b></p> <p>Amount of Each Receipt this Period  50.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RICHARD JAY RASKIN</b></p> <p>Mailing Address 156 REVERKNOLLS</p> <p>City AVON State CT Zip Code 06001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-REGIONAL MEDICAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 09 / 2014  <b>Transaction ID : SA11AI.66871</b></p> <p>Amount of Each Receipt this Period  50.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. RICHARD JAY RASKIN</b></p> <p>Mailing Address 156 REVERKNOLLS</p> <p>City AVON State CT Zip Code 06001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-REGIONAL MEDICAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 23 / 2014  <b>Transaction ID : SA11AI.66872</b></p> <p>Amount of Each Receipt this Period  50.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>150.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. RICHARD JAY RASKIN</b></p> <p>Mailing Address 156 REVERKNOLLS</p> <p>City AVON State CT Zip Code 06001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-REGIONAL MEDICAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 06 / 2014  <b>Transaction ID : SA11AI.66873</b></p> <p>Amount of Each Receipt this Period 50.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RICHARD JAY RASKIN</b></p> <p>Mailing Address 156 REVERKNOLLS</p> <p>City AVON State CT Zip Code 06001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation VP-REGIONAL MEDICAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 20 / 2014  <b>Transaction ID : SA11AI.66874</b></p> <p>Amount of Each Receipt this Period 50.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. JoAnne Reifsnyder</b></p> <p>Mailing Address 119 LONDON CIRCLE SOUTH</p> <p>City REHOBOTH BEACH State DE Zip Code 19971</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation SR VP-CLINICAL OPS CNO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  04 / 11 / 2014  <b>Transaction ID : SA11AI.66978</b></p> <p>Amount of Each Receipt this Period 150.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			250.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

FOR LINE NUMBER: PAGE 205 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JoAnne Reifsnnyder**

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code  
REHOBOTH BEACH DE 19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66979

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. JoAnne Reifsnnyder**

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code  
REHOBOTH BEACH DE 19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66980

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. JoAnne Reifsnnyder**

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code  
REHOBOTH BEACH DE 19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66981

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 206 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JoAnne Reifsnnyder**

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code  
 REHOBOTH BEACH DE 19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66982

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. JoAnne Reifsnnyder**

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code  
 REHOBOTH BEACH DE 19971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66983

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. ROBERT A REITZ**

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code  
 COCKEYSVILLE MD 21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.48

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.65513

Amount of Each Receipt this Period

192.31

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

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

492.31

# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBERT A REITZ**

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code  
COCKEYSVILLE MD 21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
04 25 2014

Transaction ID : SA11AI.65514

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. ROBERT A REITZ**

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code  
COCKEYSVILLE MD 21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.10

Date of Receipt

M M / D D / Y Y Y Y Y  
05 09 2014

Transaction ID : SA11AI.65515

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. ROBERT A REITZ**

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code  
COCKEYSVILLE MD 21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

M M / D D / Y Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.65516

Amount of Each Receipt this Period

192.31

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

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

576.93

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 208 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ROBERT A REITZ**

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code  
COCKEYSVILLE MD 21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65517

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**B. ROBERT A REITZ**

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code  
COCKEYSVILLE MD 21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65518

Amount of Each Receipt this Period

192.31

Full Name (Last, First, Middle Initial)

**C. PAUL RICKERSHAUSER**

Mailing Address 5 SUNSET COURT

City State Zip Code  
MEDFORD NJ 08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66866

Amount of Each Receipt this Period

20.00

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

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

404.62



# **SCHEDULE 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 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAUL RICKERSHAUSER**

Mailing Address 5 SUNSET COURT

City  
MEDFORD

State Zip Code  
NJ 08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66867

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. PAUL RICKERSHAUSER**

Mailing Address 5 SUNSET COURT

City  
MEDFORD

State Zip Code  
NJ 08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-HUMAN RESOURCES REGNL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66868

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. CAROL ROHRBAUGH**

Mailing Address 1749 PRESCOTT ROAD

City  
YORK

State Zip Code  
PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.68

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66832

Amount of Each Receipt this Period

63.46

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

103.46

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 210 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAROL ROHRBAUGH**

Mailing Address 1749 PRESCOTT ROAD

City  
YORK

State  
PA

Zip Code  
17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.14

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66833

Amount of Each Receipt this Period

63.46

Full Name (Last, First, Middle Initial)

**B. CAROL ROHRBAUGH**

Mailing Address 1749 PRESCOTT ROAD

City  
YORK

State  
PA

Zip Code  
17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66834

Amount of Each Receipt this Period

63.46

Full Name (Last, First, Middle Initial)

**C. CAROL ROHRBAUGH**

Mailing Address 1749 PRESCOTT ROAD

City  
YORK

State  
PA

Zip Code  
17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66835

Amount of Each Receipt this Period

63.46

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

190.38

**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 211 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. CAROL ROHRBAUGH**

Mailing Address 1749 PRESCOTT ROAD

City State Zip Code  
 YORK PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.66836

Amount of Each Receipt this Period

63.46

Full Name (Last, First, Middle Initial)

## **B. CAROL ROHRBAUGH**

Mailing Address 1749 PRESCOTT ROAD

City State Zip Code  
 YORK PA 17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

824.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66837

Amount of Each Receipt this Period

63.46

Full Name (Last, First, Middle Initial)

## **C. Lisa Romans**

Mailing Address 7406 SALEM RDG

City State Zip Code  
 AURORA IN 47001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 29 / 2014

Transaction ID : SA11AI.67087

Amount of Each Receipt this Period

20.00

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

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

146.92

# **SCHEDULE 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 212 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lisa Romans**

Mailing Address 7406 SALEM RDG

City  
AURORA

State Zip Code  
IN 47001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : SA11AI.67088

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Lisa Romans**

Mailing Address 7406 SALEM RDG

City  
AURORA

State Zip Code  
IN 47001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : SA11AI.67089

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. David Ross**

Mailing Address 781 BRENT ST

City  
MANCHESTER

State Zip Code  
NH 03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2014

Transaction ID : SA11AI.67017

Amount of Each Receipt this Period

30.00

**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 213 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Ross**

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

Transaction ID : SA11AI.67018

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. David Ross**

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2014

Transaction ID : SA11AI.67019

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. David Ross**

Mailing Address 781 BRENT ST

City

MANCHESTER

State

NH

Zip Code

03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11AI.67020

Amount of Each Receipt this Period

30.00

**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 214 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Ross**

Mailing Address 781 BRENT ST

City  
MANCHESTER

State Zip Code  
NH 03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : SA11AI.67021

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. David Ross**

Mailing Address 781 BRENT ST

City  
MANCHESTER

State Zip Code  
NH 03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : SA11AI.67022

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. David Ross**

Mailing Address 781 BRENT ST

City  
MANCHESTER

State Zip Code  
NH 03103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : SA11AI.67023

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 215 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Teresa Salamon**

Mailing Address 50 ALLYSSA DRIVE

City State Zip Code  
MEDIA PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66945

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Teresa Salamon**

Mailing Address 50 ALLYSSA DRIVE

City State Zip Code  
MEDIA PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66946

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Teresa Salamon**

Mailing Address 50 ALLYSSA DRIVE

City State Zip Code  
MEDIA PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66947

Amount of Each Receipt this Period

40.00

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

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

120.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 216 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Teresa Salamon**

Mailing Address 50 ALLYSSA DRIVE

City  
MEDIA

State Zip Code  
PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66948

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Teresa Salamon**

Mailing Address 50 ALLYSSA DRIVE

City  
MEDIA

State Zip Code  
PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66949

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Teresa Salamon**

Mailing Address 50 ALLYSSA DRIVE

City  
MEDIA

State Zip Code  
PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66950

Amount of Each Receipt this Period

40.00

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

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

120.00



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

FOR LINE NUMBER: PAGE 217 OF 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Salvo**

Mailing Address 2927 SUNSET HILLS

City	State	Zip Code
ESCONDIDO	CA	92025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : SA11AI.67206

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth Salvo**

Mailing Address 2927 SUNSET HILLS

City	State	Zip Code
ESCONDIDO	CA	92025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11AI.67207

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Salvo**

Mailing Address 2927 SUNSET HILLS

City	State	Zip Code
ESCONDIDO	CA	92025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.67208

Amount of Each Receipt this Period

25.00

**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 218 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Salvo**

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.67209

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth Salvo**

Mailing Address 2927 SUNSET HILLS

City

ESCONDIDO

State

CA

Zip Code

92025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-AREA GRS PT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67210

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. KRISTEN SANTANGELO**

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66434

Amount of Each Receipt this Period

35.00

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 219 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KRISTEN SANTANGELO**

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66435

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. KRISTEN SANTANGELO**

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66436

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. KRISTEN SANTANGELO**

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66437

Amount of Each Receipt this Period

35.00

**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:  
(check only one)

PAGE 220 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KRISTEN SANTANGELO**

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66438

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. KRISTEN SANTANGELO**

Mailing Address 108 KNITTLE ROAD

City

KUTZTOWN

State

PA

Zip Code

19530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66439

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. JOHN V SAVO**

Mailing Address 535 UPPER WEADLEY ROAD

City

STRAFFORD

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66526

Amount of Each Receipt this Period

37.00

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

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

107.00

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

PAGE 221 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN V SAVO**

Mailing Address 535 UPPER WEADLEY ROAD

City  
STRAFFORDState  
PAZip Code  
19087FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : SA11AI.66527

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**B. JOHN V SAVO**

Mailing Address 535 UPPER WEADLEY ROAD

City  
STRAFFORDState  
PAZip Code  
19087FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11AI.66528

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**C. JOHN V SAVO**

Mailing Address 535 UPPER WEADLEY ROAD

City  
STRAFFORDState  
PAZip Code  
19087FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.66529

Amount of Each Receipt this Period

37.00

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

111.00

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 222 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN V SAVO**

Mailing Address 535 UPPER WEADLEY ROAD

City State Zip Code  
 STRAFFORD PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 06 / 2014

Transaction ID : SA11AI.66530

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**B. JOHN V SAVO**

Mailing Address 535 UPPER WEADLEY ROAD

City State Zip Code  
 STRAFFORD PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66531

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**C. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City State Zip Code  
 STURBRIDGE MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 04 / 2014

Transaction ID : SA11AI.66199

Amount of Each Receipt this Period

25.00

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

99.00

**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 223 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66200

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

Transaction ID : SA11AI.66201

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66202

Amount of Each Receipt this Period

25.00

**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 224 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.66203

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66204

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.66205

Amount of Each Receipt this Period

25.00

**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 225 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City  
STURBRIDGE

State Zip Code  
MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66206

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City  
STURBRIDGE

State Zip Code  
MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11AI.66207

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City  
STURBRIDGE

State Zip Code  
MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66208

Amount of Each Receipt this Period

25.00

**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 226 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City State Zip Code  
 STURBRIDGE MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.66209

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City State Zip Code  
 STURBRIDGE MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66210

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. IRA M SCHOENBERGER**

Mailing Address 33 WOODSIDE CIRCLE

City State Zip Code  
 STURBRIDGE MA 01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11AI.66211

Amount of Each Receipt this Period

25.00

**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 227 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Norman Schueftan**

Mailing Address 380 Radford Court

City State Zip Code  
Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.66619**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Norman Schueftan**

Mailing Address 380 Radford Court

City State Zip Code  
Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.66620**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Norman Schueftan**

Mailing Address 380 Radford Court

City State Zip Code  
Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.66621**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 228 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Norman Schueftan**

Mailing Address 380 Radford Court

City State Zip Code  
Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.66622**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Norman Schueftan**

Mailing Address 380 Radford Court

City State Zip Code  
Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.66623**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Norman Schueftan**

Mailing Address 380 Radford Court

City State Zip Code  
Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis HealthCare

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.66624**

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 229 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. ERIC SCHULTHEIS**

Mailing Address 5 GAEBEL LANE

City  
LANDENBERG

State Zip Code  
PA 19350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
DIRECTOR-TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.04

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66266

Amount of Each Receipt this Period

42.88

Full Name (Last, First, Middle Initial)

## **B. MICHAEL S. SHERMAN**

Mailing Address 1379 BRYANT COURT

City  
AMBLER

State Zip Code  
PA 19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.66768

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

## **C. MICHAEL S. SHERMAN**

Mailing Address 1379 BRYANT COURT

City  
AMBLER

State Zip Code  
PA 19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66769

Amount of Each Receipt this Period

192.30

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

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

427.48

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

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

FOR LINE NUMBER: PAGE 230 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MICHAEL S. SHERMAN**

Mailing Address 1379 BRYANT COURT

City State Zip Code  
AMBLER PA 19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66770

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. MICHAEL S. SHERMAN**

Mailing Address 1379 BRYANT COURT

City State Zip Code  
AMBLER PA 19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66771

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. MICHAEL S. SHERMAN**

Mailing Address 1379 BRYANT COURT

City State Zip Code  
AMBLER PA 19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66772

Amount of Each Receipt this Period

192.30

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

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

576.90

X	11a		11b		11c		12		
	13		14		15		16		17

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

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

PAGE 232 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JENNIFER C SIDELINKER**

Mailing Address 547 MAPLE AVE.

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-CLINICAL GRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SA11AI.66015

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. KEN SILVERWOOD**

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : SA11AI.66720

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. KEN SILVERWOOD**

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SA11AI.66721

Amount of Each Receipt this Period

50.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 233 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KEN SILVERWOOD**

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11AI.66722

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. KEN SILVERWOOD**

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.66723

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. KEN SILVERWOOD**

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SA11AI.66724

Amount of Each Receipt this Period

50.00

**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 234 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KEN SILVERWOOD**

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.66725**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Sue Smith**

Mailing Address 5900 MIMOSA PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.67422**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Sue Smith**

Mailing Address 5900 MIMOSA PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.67423**

Amount of Each Receipt this Period

25.00

**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: PAGE 235 OF 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : SA11AI.67424

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SA11AI.67425

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Sue Smith

Mailing Address 5900 MIMOSA PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SA11AI.67426

Amount of Each Receipt this Period

25.00

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 236 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lou Ann Soika**

Mailing Address 65 DEER PATH ROAD

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.66464

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Lou Ann Soika**

Mailing Address 65 DEER PATH ROAD

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.66465

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Lou Ann Soika**

Mailing Address 65 DEER PATH ROAD

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : SA11AI.66466

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 237 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lou Ann Soika**

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Transaction ID : SA11AI.66467

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Lou Ann Soika**

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11AI.66468

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Lou Ann Soika**

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.66469

Amount of Each Receipt this Period

150.00

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

450.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 238 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Sean Stevenson**

Mailing Address 49 ESSEX RD

City  
BEDFORD

State Zip Code  
NH 03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67302

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Sean Stevenson**

Mailing Address 49 ESSEX RD

City  
BEDFORD

State Zip Code  
NH 03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67303

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Sean Stevenson**

Mailing Address 49 ESSEX RD

City  
BEDFORD

State Zip Code  
NH 03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67304

Amount of Each Receipt this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 239 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sean Stevenson**

Mailing Address 49 ESSEX RD

City State Zip Code  
BEDFORD NH 03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.67305**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Sean Stevenson**

Mailing Address 49 ESSEX RD

City State Zip Code  
BEDFORD NH 03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.67306**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. GODFREY A STREAT**

Mailing Address 157 FOREST DRIVE

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.66818**

Amount of Each Receipt this Period

50.00

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

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

100.00

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

PAGE 240 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GODFREY A STREAT**

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2014

Transaction ID : SA11AI.66819

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. GODFREY A STREAT**

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11AI.66820

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. GODFREY A STREAT**

Mailing Address 157 FOREST DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.66821

Amount of Each Receipt this Period

50.00

**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 241 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GODFREY A STREAT**

Mailing Address 157 FOREST DRIVE

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11AI.66822

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. GODFREY A STREAT**

Mailing Address 157 FOREST DRIVE

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.66823

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM E STURGIS**

Mailing Address 204 HARVARD AVENUE  
BOX 656

City State Zip Code  
MOUNT GRETN PA 17064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.80

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2014

Transaction ID : SA11AI.65786

Amount of Each Receipt this Period

37.35

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

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

137.35

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

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

FOR LINE NUMBER: PAGE 242 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial)  <b>A. WILLIAM E STURGIS</b></p> <p>Mailing Address 204 HARVARD AVENUE          BOX 656</p> <p>City MOUNT GRETN A State PA Zip Code 17064</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          336.15</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          04 / 25 / 2014  <b>Transaction ID : SA11AI.65787</b></p> <p>Amount of Each Receipt this Period          37.35</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. WILLIAM E STURGIS</b></p> <p>Mailing Address 204 HARVARD AVENUE          BOX 656</p> <p>City MOUNT GRETN A State PA Zip Code 17064</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          373.50</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          05 / 09 / 2014  <b>Transaction ID : SA11AI.65788</b></p> <p>Amount of Each Receipt this Period          37.35</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. WILLIAM E STURGIS</b></p> <p>Mailing Address 204 HARVARD AVENUE          BOX 656</p> <p>City MOUNT GRETN A State PA Zip Code 17064</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer GENESIS HEALTHCARE CORPORATION Occupation DIRECTOR-FINANCIAL ANALYSIS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          410.85</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          05 / 23 / 2014  <b>Transaction ID : SA11AI.65789</b></p> <p>Amount of Each Receipt this Period          37.35</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		112.05
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE 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 243 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM E STURGIS</b></p> <p>Mailing Address <b>204 HARVARD AVENUE</b> <b>BOX 656</b></p> <p>City <b>MOUNT GRETTA</b> State <b>PA</b> Zip Code <b>17064</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>GENESIS HEALTHCARE CORPORATION</b> Occupation <b>DIRECTOR-FINANCIAL ANALYSIS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>448.20</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  <b>06 / 06 / 2014</b></p> <p><b>Transaction ID : SA11AI.65790</b></p> <p>Amount of Each Receipt this Period  <b>37.35</b></p>
<p>Full Name (Last, First, Middle Initial) <b>B. WILLIAM E STURGIS</b></p> <p>Mailing Address <b>204 HARVARD AVENUE</b> <b>BOX 656</b></p> <p>City <b>MOUNT GRETTA</b> State <b>PA</b> Zip Code <b>17064</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>GENESIS HEALTHCARE CORPORATION</b> Occupation <b>DIRECTOR-FINANCIAL ANALYSIS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>485.55</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  <b>06 / 20 / 2014</b></p> <p><b>Transaction ID : SA11AI.65791</b></p> <p>Amount of Each Receipt this Period  <b>37.35</b></p>
<p>Full Name (Last, First, Middle Initial) <b>C. James Tabak</b></p> <p>Mailing Address <b>105 MARLBROOKE WAY</b></p> <p>City <b>KENNETT SQUARE</b> State <b>PA</b> Zip Code <b>19348</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>GENESIS HEALTHCARE CORPORATION</b> Occupation <b>SR VP ADMIN AND GOVT AFFAIRS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>1200.00</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  <b>04 / 11 / 2014</b></p> <p><b>Transaction ID : SA11AI.65860</b></p> <p>Amount of Each Receipt this Period  <b>150.00</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p><b>224.70</b></p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE 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 244 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James Tabak**

Mailing Address 105 MARLBROOKE WAY

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65861

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. James Tabak**

Mailing Address 105 MARLBROOKE WAY

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65862

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. James Tabak**

Mailing Address 105 MARLBROOKE WAY

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65863

Amount of Each Receipt this Period

150.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 245 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James Tabak**

Mailing Address 105 MARLBROOKE WAY

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65864

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. James Tabak**

Mailing Address 105 MARLBROOKE WAY

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65865

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Michelle Taylor**

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67470

Amount of Each Receipt this Period

25.00

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

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

325.00

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

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

FOR LINE NUMBER: PAGE 246 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Taylor**

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67471

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Michelle Taylor**

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67472

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Michelle Taylor**

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code  
ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67473

Amount of Each Receipt this Period

25.00

**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 247 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Taylor**

Mailing Address 8800 NEW HAMPTON RD NE

City State Zip Code  
 ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.67474**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Raymond Thivierge**

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code  
 WINDHAM NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.66312**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Raymond Thivierge**

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code  
 WINDHAM NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.66313**

Amount of Each Receipt this Period

150.00

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

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

325.00

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

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

FOR LINE NUMBER: PAGE 248 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Raymond Thivierge**

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code  
 WINDHAM NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66314

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. Raymond Thivierge**

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code  
 WINDHAM NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66315

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. Raymond Thivierge**

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code  
 WINDHAM NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66316

Amount of Each Receipt this Period

150.00

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

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

450.00



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

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

FOR LINE NUMBER: PAGE 249 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Raymond Thivierge**

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code  
WINDHAM NH 03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66317

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. NICOLE THOMPSON**

Mailing Address 27 PEARSON CIRCLE

City State Zip Code  
SPRINGFIELD PA 19064

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66666

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. NICOLE THOMPSON**

Mailing Address 27 PEARSON CIRCLE

City State Zip Code  
SPRINGFIELD PA 19064

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66667

Amount of Each Receipt this Period

20.00

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

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

190.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 250 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NICOLE THOMPSON**

Mailing Address 27 PEARSON CIRCLE

City

SPRINGFIELD

State

PA

Zip Code

19064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SPECIALIST-REG SAFETY PREVENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66668

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM JOSEPH TIAN**

Mailing Address 6807 REAL PRINCESS LANE

City

BALTIMORE

State

MD

Zip Code

21207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR AREA FOOD AND NUTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.66857

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM JOSEPH TIAN**

Mailing Address 6807 REAL PRINCESS LANE

City

BALTIMORE

State

MD

Zip Code

21207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR AREA FOOD AND NUTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66858

Amount of Each Receipt this Period

40.00

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

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

100.00

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

PAGE 251 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WILLIAM JOSEPH TIAN**

Mailing Address 6807 REAL PRINCESS LANE

City	State	Zip Code
BALTIMORE	MD	21207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR AREA FOOD AND NUTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11AI.66859

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM JOSEPH TIAN**

Mailing Address 6807 REAL PRINCESS LANE

City	State	Zip Code
BALTIMORE	MD	21207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR AREA FOOD AND NUTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.66860

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM JOSEPH TIAN**

Mailing Address 6807 REAL PRINCESS LANE

City	State	Zip Code
BALTIMORE	MD	21207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR AREA FOOD AND NUTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SA11AI.66861

Amount of Each Receipt this Period

40.00

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 252 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM JOSEPH TIAN</b></p> <p>Mailing Address <b>6807 REAL PRINCESS LANE</b></p> <p>City State Zip Code <b>BALTIMORE MD 21207</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>GENESIS HEALTHCARE CORPORATION DIRECTOR-SR AREA FOOD AND NUTR</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>520.00</b></p>			<p>Date of Receipt  <b>06 / 20 / 2014</b>  <b>Transaction ID : SA11AI.66862</b> </p> <p>Amount of Each Receipt this Period  <b>40.00</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. William Timm</b></p> <p>Mailing Address <b>1059 MAHLON DRIVE</b></p> <p>City State Zip Code <b>LEESPORT PA 19533</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>GENESIS HEALTHCARE CORPORATION VP OPERATIONS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>280.00</b></p>			<p>Date of Receipt  <b>04 / 11 / 2014</b>  <b>Transaction ID : SA11AI.66254</b> </p> <p>Amount of Each Receipt this Period  <b>35.00</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. William Timm</b></p> <p>Mailing Address <b>1059 MAHLON DRIVE</b></p> <p>City State Zip Code <b>LEESPORT PA 19533</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>GENESIS HEALTHCARE CORPORATION VP OPERATIONS</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>315.00</b></p>			<p>Date of Receipt  <b>04 / 25 / 2014</b>  <b>Transaction ID : SA11AI.66255</b> </p> <p>Amount of Each Receipt this Period  <b>35.00</b> </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>110.00</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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

FOR LINE NUMBER: PAGE 253 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William Timm**

Mailing Address 1059 MAHLON DRIVE

City  
LEESPORT

State Zip Code  
PA 19533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66256

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. William Timm**

Mailing Address 1059 MAHLON DRIVE

City  
LEESPORT

State Zip Code  
PA 19533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66257

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. William Timm**

Mailing Address 1059 MAHLON DRIVE

City  
LEESPORT

State Zip Code  
PA 19533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.66258

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 254 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William Timm**

Mailing Address 1059 MAHLON DRIVE

City  
LEESPORT

State Zip Code  
PA 19533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66259

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. LISA TRAUTMAN**

Mailing Address 4 VIOLET LANE

City  
WEST GROVE

State Zip Code  
PA 19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65845

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. LISA TRAUTMAN**

Mailing Address 4 VIOLET LANE

City  
WEST GROVE

State Zip Code  
PA 19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTHCARE CORPORATION

Occupation  
DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65846

Amount of Each Receipt this Period

20.00

**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 255 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LISA TRAUTMAN**

Mailing Address 4 VIOLET LANE

City  
WEST GROVE

State Zip Code  
PA 19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR REGIONAL EC LINE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65847

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH J TRIANA**

Mailing Address 102 INTIMADATOR LANE

City  
GIVEN

State Zip Code  
WV 25245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.66213

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH J TRIANA**

Mailing Address 102 INTIMADATOR LANE

City  
GIVEN

State Zip Code  
WV 25245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.66214

Amount of Each Receipt this Period

25.00

**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 256 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH J TRIANA**

Mailing Address 102 INTIMADATOR LANE

City State Zip Code  
 GIVEN WV 25245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.66215

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH J TRIANA**

Mailing Address 102 INTIMADATOR LANE

City State Zip Code  
 GIVEN WV 25245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66216

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH J TRIANA**

Mailing Address 102 INTIMADATOR LANE

City State Zip Code  
 GIVEN WV 25245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.66217

Amount of Each Receipt this Period

25.00

**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 257 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kathleen Usher**

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.67319

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Usher**

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.67320

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kathleen Usher**

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.67321

Amount of Each Receipt this Period

30.00

**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 258 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kathleen Usher**

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67322

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Usher**

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67323

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kathleen Usher**

Mailing Address 372915 PO BOX

City

SATELLITE BEACH

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.67324

Amount of Each Receipt this Period

30.00

**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 259 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PERRY VALENTINE**

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

**Transaction ID : SA11AI.65698**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. PERRY VALENTINE**

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.65699**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. PERRY VALENTINE**

Mailing Address 3675 MANDOLIN DRIVE

City

HAMPSTEAD

State

MD

Zip Code

21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.65700**

Amount of Each Receipt this Period

35.00

**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:  
(check only one)

PAGE 260 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. PERRY VALENTINE**

Mailing Address 3675 MANDOLIN DRIVE

City State Zip Code  
HAMPSTEAD MD 21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65701

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. PERRY VALENTINE**

Mailing Address 3675 MANDOLIN DRIVE

City State Zip Code  
HAMPSTEAD MD 21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65702

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. PERRY VALENTINE**

Mailing Address 3675 MANDOLIN DRIVE

City State Zip Code  
HAMPSTEAD MD 21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65703

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 261 OF 289  
(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. VICTORIA VALTON</b></p> <p>Mailing Address 112 EDGEWOOD RD</p> <p>City State Zip Code TOWSON MD 21286</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-EXTERNAL COMMUN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt  <b>05 / 23 / 2014</b>  <b>Transaction ID : SA11AI.66431</b> </p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. VICTORIA VALTON</b></p> <p>Mailing Address 112 EDGEWOOD RD</p> <p>City State Zip Code TOWSON MD 21286</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-EXTERNAL COMMUN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 240.00</p>			<p>Date of Receipt  <b>06 / 06 / 2014</b>  <b>Transaction ID : SA11AI.66432</b> </p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. VICTORIA VALTON</b></p> <p>Mailing Address 112 EDGEWOOD RD</p> <p>City State Zip Code TOWSON MD 21286</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GENESIS HEALTHCARE CORPORATION DIRECTOR-EXTERNAL COMMUN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 260.00</p>			<p>Date of Receipt  <b>06 / 20 / 2014</b>  <b>Transaction ID : SA11AI.66433</b> </p> <p>Amount of Each Receipt this Period 20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			60.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE 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 262 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Timothy Wade**

Mailing Address 11123 Willow Green Way

City

Marriottsville

State

MD

Zip Code

21104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : SA11AI.65733**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Timothy Wade**

Mailing Address 11123 Willow Green Way

City

Marriottsville

State

MD

Zip Code

21104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.65734**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Timothy Wade**

Mailing Address 11123 Willow Green Way

City

Marriottsville

State

MD

Zip Code

21104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.65735**

Amount of Each Receipt this Period

25.00

**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 263 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Timothy Wade**

Mailing Address 11123 Willow Green Way

City

Marriottsville

State

MD

Zip Code

21104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65736

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Timothy Wade**

Mailing Address 11123 Willow Green Way

City

Marriottsville

State

MD

Zip Code

21104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Director Medical Supply Mgmt.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.65737

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. SHARON WAREING**

Mailing Address 134 EAST SIDE DRIVE

City

CONCORD

State

NH

Zip Code

03301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.88

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.66555

Amount of Each Receipt this Period

16.74

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

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

66.74

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 264 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHARON WAREING**

Mailing Address 134 EAST SIDE DRIVE

City State Zip Code  
 CONCORD NH 03301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 DIRECTOR-NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.62

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.66556

Amount of Each Receipt this Period

16.74

Full Name (Last, First, Middle Initial)

**B. Sharon Warren**

Mailing Address 3936 KEDRON ROAD

City State Zip Code  
 SPRING HILL TN 37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.67267

Amount of Each Receipt this Period

83.80

Full Name (Last, First, Middle Initial)

**C. Sharon Warren**

Mailing Address 3936 KEDRON ROAD

City State Zip Code  
 SPRING HILL TN 37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.67268

Amount of Each Receipt this Period

91.90

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

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

192.44



# **SCHEDULE 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 265 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sharon Warren**

Mailing Address 3936 KEDRON ROAD

City  
SPRING HILL

State Zip Code  
TN 37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.67269

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Sharon Warren**

Mailing Address 3936 KEDRON ROAD

City  
SPRING HILL

State Zip Code  
TN 37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.67270

Amount of Each Receipt this Period

83.01

Full Name (Last, First, Middle Initial)

**C. Sharon Warren**

Mailing Address 3936 KEDRON ROAD

City  
SPRING HILL

State Zip Code  
TN 37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.67271

Amount of Each Receipt this Period

83.44

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

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

251.45

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 266 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sharon Warren**

Mailing Address 3936 KEDRON ROAD

City  
SPRING HILL

State Zip Code  
TN 37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.77

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.67272

Amount of Each Receipt this Period

90.42

Full Name (Last, First, Middle Initial)

**B. KAREN M WELLS**

Mailing Address 1679 W. DOE RUN ROAD  
P.O. BOX 487

City  
UNIONVILLE

State Zip Code  
PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65590

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. KAREN M WELLS**

Mailing Address 1679 W. DOE RUN ROAD  
P.O. BOX 487

City  
UNIONVILLE

State Zip Code  
PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65591

Amount of Each Receipt this Period

20.00

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

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

130.42

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

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

FOR LINE NUMBER: PAGE 267 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KAREN M WELLS**

Mailing Address 1679 W. DOE RUN ROAD  
P.O. BOX 487

City State Zip Code  
UNIONVILLE PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FIN CTRL - COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65592

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Paxton Wiffler**

Mailing Address 4130 WINDSONG CIRCLE

City State Zip Code  
PRIOR LAKE MN 55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.67291

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Paxton Wiffler**

Mailing Address 4130 WINDSONG CIRCLE

City State Zip Code  
PRIOR LAKE MN 55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.67292

Amount of Each Receipt this Period

75.00

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

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

170.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 268 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paxton Wiffler**

Mailing Address 4130 WINDSONG CIRCLE

City State Zip Code  
 PRIOR LAKE MN 55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.67293**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Paxton Wiffler**

Mailing Address 4130 WINDSONG CIRCLE

City State Zip Code  
 PRIOR LAKE MN 55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.67294**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH W WILKS**

Mailing Address 101 KINSTON LN

City State Zip Code  
 DOWNINGTOWN PA 19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA11AI.66126**

Amount of Each Receipt this Period

75.00

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

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

225.00

# **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 269 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH W WILKS**

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.66127

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH W WILKS**

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.66128

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH W WILKS**

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.66129

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 270 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOSEPH W WILKS**

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

**Transaction ID : SA11AI.66130**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH W WILKS**

Mailing Address 101 KINSTON LN

City

DOWNINGTOWN

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

**Transaction ID : SA11AI.66131**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2014

**Transaction ID : SA11AI.67142**

Amount of Each Receipt this Period

40.00

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

190.00

**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 271 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 21 / 2014

Transaction ID : SA11AI.67143

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.67144

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.67145

Amount of Each Receipt this Period

40.00

**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 272 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.67146

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11AI.67147

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Donald Wilson**

Mailing Address 1082 VILLITA LOOP

City

LAS CRUCES

State

NM

Zip Code

88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.67148

Amount of Each Receipt this Period

40.00

**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 273 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOANNE M WISELY**

Mailing Address 118 DEEPDALE ROAD

City State Zip Code  
WAYNE PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.66040

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. DONNA WIXTED**

Mailing Address 1108 KENT LANE

City State Zip Code  
PHILADELPHIA PA 19115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65525

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DONNA WIXTED**

Mailing Address 1108 KENT LANE

City State Zip Code  
PHILADELPHIA PA 19115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65526

Amount of Each Receipt this Period

50.00

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

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

116.00

# **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 274 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DONNA WIXTED**

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65527

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DONNA WIXTED**

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65528

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DONNA WIXTED**

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65529

Amount of Each Receipt this Period

50.00

**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 275 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DONNA WIXTED**

Mailing Address 1108 KENT LANE

City

PHILADELPHIA

State

PA

Zip Code

19115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRITIONAL SVS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65530

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Patricia Worhunsy-Quinn**

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65920

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Patricia Worhunsy-Quinn**

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65921

Amount of Each Receipt this Period

40.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 276 OF 289

<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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Patricia Worhunsky-Quinn**

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

**Transaction ID : SA11AI.65922**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Patricia Worhunsky-Quinn**

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

**Transaction ID : SA11AI.65923**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Patricia Worhunsky-Quinn**

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

**Transaction ID : SA11AI.65924**

Amount of Each Receipt this Period

40.00

**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 277 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Patricia Worhunsky-Quinn**

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65925

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JACK WRIGHT**

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2014

Transaction ID : SA11AI.65674

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. JACK WRIGHT**

Mailing Address 834 NEWHALL ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2014

Transaction ID : SA11AI.65675

Amount of Each Receipt this Period

35.00

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

110.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 278 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JACK WRIGHT**

Mailing Address 834 NEWHALL ROAD

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.65676

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. JACK WRIGHT**

Mailing Address 834 NEWHALL ROAD

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.65677

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. JACK WRIGHT**

Mailing Address 834 NEWHALL ROAD

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS HEALTH VENTURES, INC.

Occupation  
VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.65678

Amount of Each Receipt this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 279 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. JACK WRIGHT

Mailing Address 834 NEWHALL ROAD

City State Zip Code  
 KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee.

C

Name of Employer  
 GENESIS HEALTH VENTURES, INC.

Occupation  
 VP-PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.65679

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE  
 PO BOX 766

City State Zip Code  
 UNIONVILLE PA 19375

FEC ID number of contributing federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2014

Transaction ID : SA11AI.65985

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE  
 PO BOX 766

City State Zip Code  
 UNIONVILLE PA 19375

FEC ID number of contributing federal political committee.

C

Name of Employer  
 GENESIS HEALTHCARE CORPORATION

Occupation  
 VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.65986

Amount of Each Receipt this Period

50.00

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

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

135.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 280 OF 289

☒ 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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STEPHEN S YOUNG**

Mailing Address 807 MERRIMAC LANE  
PO BOX 766

City State Zip Code  
UNIONVILLE PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.65987

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. STEPHEN S YOUNG**

Mailing Address 807 MERRIMAC LANE  
PO BOX 766

City State Zip Code  
UNIONVILLE PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.65988

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. STEPHEN S YOUNG**

Mailing Address 807 MERRIMAC LANE  
PO BOX 766

City State Zip Code  
UNIONVILLE PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : SA11AI.65989

Amount of Each Receipt this Period

50.00

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

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

150.00



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

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

FOR LINE NUMBER: PAGE 281 OF 289

(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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STEPHEN S YOUNG**

Mailing Address 807 MERRIMAC LANE  
PO BOX 766

City State Zip Code  
UNIONVILLE PA 19375

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
GENESIS HEALTHCARE CORPORATION VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.65990

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

50.00

44221.03

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

PAGE 282 OF 289

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 400 Scarlett Road

City	State	Zip Code
Kennett Square	PA	19348

Purpose of Disbursement  
transfer fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2014

**Transaction ID : SB21B.67515**

Amount of Each Disbursement this Period

75.00
-------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address 400 Scarlett Road

City	State	Zip Code
Kennett Square	PA	19348

Purpose of Disbursement  
transfer fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : SB21B.67516**

Amount of Each Disbursement this Period

45.00
-------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►

120.00
--------

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

120.00
--------

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

PAGE 283 OF 289

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

**Transaction ID : SB23.67550**

Amount of Each Disbursement this Period

12000.00
----------

Full Name (Last, First, Middle Initial)

**B. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : SB23.67545**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC CONGRESSIONAL**Mailing Address 430 South Capitol Street SE  
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2014

**Transaction ID : SB23.67552**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18000.00
----------

--

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

## A. DUFFY FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.67544

011

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

## B. FITZPATRICK COSTELLO VICTORY FUND

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.67547

012

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

### C. FRIENDS OF MARK WARNER

Date of Disbursement

Transaction ID : SB23.67549

011

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

3000.00

FEC Schedule B (Form 3X) Rev. 02/2003

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE

### A. FRIENDS OF SCHUMER

011

2000.00

Category/  
Type

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

## B. HOYER FOR CONGRESS

06 / 18 / 2014

011

2500.00

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

**C. KIND FOR CONGRESS COMMITTEE**

011

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

5500.00

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

PAGE 286 OF 289

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LOBIONDO FOR CONGRESS**

Mailing Address P. O. BOX 550

City  
VINELANDState  
NJZip Code  
08362

Purpose of Disbursement

011

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

**Transaction ID : SB23.67542**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City  
BAKERSFIELDState  
CAZip Code  
93389

Purpose of Disbursement

012

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : SB23.67539**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Meehen for Congress**

Mailing Address PO Box 308

City  
Drexel HillState  
PAZip Code  
19026

Purpose of Disbursement

011

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : SB23.67531**

Amount of Each Disbursement this Period

1000.00
---------

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 287 OF 289

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

**Transaction ID : SB23.67536**

Purpose of Disbursement

012

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

10000.00
----------

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. NIKI TSONGAS COMMITTEE, THE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Mailing Address PO Box 1454

City	State	Zip Code
Lowell	MA	01853

**Transaction ID : SB23.67532**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: MA District: 05

Full Name (Last, First, Middle Initial)

**C. O'SAY CAN YOU SEE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Mailing Address PO BOX 468

City	State	Zip Code
ANNAPOLIS	MD	21404

**Transaction ID : SB23.67535**Purpose of Disbursement  
Leadership PAC

012

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

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:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17000.00
----------

--

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

PAGE 288 OF 289

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF KENTUCKY**

Mailing Address PO BOX 1068

City	State	Zip Code
FRANKFORT	KY	40602

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

**Transaction ID : SB23.67546**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City	State	Zip Code
WEST CHESTER	PA	19381

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District: 06

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : SB23.67537**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. THE HAWKEYE PAC**

Mailing Address PO BOX 192

City	State	Zip Code
DES MOINES	IA	50301

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : SB23.67540**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

49500.00
----------



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

PAGE 289 OF 289

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**GHC ANCILLARY CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. C.L. BUTCH OTTER**

Mailing Address 1009 STAR RD

City  
STARState  
IDZip Code  
83669

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: ID

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2014

**Transaction ID : SB29.67518**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Ken Ulman**

Mailing Address 12138 Central Avenue #163

City  
BowieState  
MDZip Code  
20721

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State: NY

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : SB29.67527**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
---------

6500.00
---------