

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="96426.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19441.36"/>	<input type="text" value="241579.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="115867.54"/>	<input type="text" value="253207.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="139840.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113367.54"/>	<input type="text" value="113367.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Select Medical Corporation PAC

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

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).....	17393.60	218493.82
(ii) Unitemized	57.72	18845.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17451.32	237339.11
(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)	17451.32	237339.11
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	210.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1990.04	4030.04
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))..... ▶	19441.36	241579.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19441.36	241579.15

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	0.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	135100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4500.00
29. Other Disbursements	0.00	0.00
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)) ..	2500.00	139840.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	139840.00

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)	17451.32	237339.11
34. Total Contribution Refunds (from Line 28(d))	0.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17451.32	232839.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	210.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	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 6 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Ms. Jennifer K Allison		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718683
Mailing Address 402 Huron Drive		Amount of Each Receipt this Period 19.24
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

Full Name (Last, First, Middle Initial) B. Ms. Jennifer K Allison		Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845583
Mailing Address 402 Huron Drive		Amount of Each Receipt this Period 19.00
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Joan Alverzo		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718684
Mailing Address 152 Old Landing Road		Amount of Each Receipt this Period 19.24
City Ocean City	State MD	Zip Code 21842
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: SA11AI
Transaction ID:

This report is being amended to disclose an additional contribution from Lauren Lindley on December 26, 2014 that was not disclosed on the original report and to correct the receipt totals and cash on hand. Please update your records accordingly.

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

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

FOR LINE NUMBER: PAGE 8 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Joan Alverzo

Mailing Address 152 Old Landing Road

City State Zip Code
Ocean City MD 21842

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

Name of Employer Occupation
Select Medical Corporation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845584

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
B. Ms. Kathy Beckett

Mailing Address 8444 Tibet Butler Dr

City State Zip Code
Windermere FL 34786

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

Name of Employer Occupation
Select Medical Corporation Vice President of Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739870

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Ms. Kathy Beckett

Mailing Address 8444 Tibet Butler Dr

City State Zip Code
Windermere FL 34786

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

Name of Employer Occupation
Select Medical Corporation Vice President of Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739033

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48

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 9 OF 77
(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)
Select Medical Corporation PAC

A. Ms. Kathy Beckett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : A2014-2845676
 Amount of Each Receipt this Period
 19.00

B. Mr. Robert J Bein
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 Mud College Road
 City Littlestown State PA Zip Code 17340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718685
 Amount of Each Receipt this Period
 76.93

C. Mr. Robert J Bein
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 Mud College Road
 City Littlestown State PA Zip Code 17340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845585
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.68
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 10 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Dionisio Bencomo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2851 SW 137 Court

City Miami	State FL	Zip Code 33175
---------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718686

Amount of Each Receipt this Period
 19.24

B. Mr. Dionisio Bencomo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2851 SW 137 Court

City Miami	State FL	Zip Code 33175
---------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845586

Amount of Each Receipt this Period
 19.24

C. Ms. Kelly L Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718687

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....	57.72
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 11 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Kelly L Blake
Full Name (Last, First, Middle Initial)
Mailing Address 3269 Blue Goose Road
City Nicktown State PA Zip Code 15762
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 442.52

Date of Receipt 12 / 19 / 2014
Transaction ID : A2014-2845587
Amount of Each Receipt this Period 19.24

B. Mr. Edwin A Bodensiek
Full Name (Last, First, Middle Initial)
Mailing Address 3047 Terra Maria Way
City Ellicott City State MD Zip Code 21042
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2384.65

Date of Receipt 12 / 05 / 2014
Transaction ID : A2014-2718688
Amount of Each Receipt this Period 115.38

C. Mr. Edwin A Bodensiek
Full Name (Last, First, Middle Initial)
Mailing Address 3047 Terra Maria Way
City Ellicott City State MD Zip Code 21042
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 12 / 19 / 2014
Transaction ID : A2014-2845588
Amount of Each Receipt this Period 115.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 12 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718689

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Michael S Boggs

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845589

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
C. Mr. Robert H Brehm

Mailing Address 605 Chestnut St.

City Stirling State NJ Zip Code 07980

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

Name of Employer Select Medical Corporation Occupation President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718690

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional).....▶	153.63
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 13 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert H Brehm
Full Name (Last, First, Middle Initial)
Mailing Address 605 Chestnut St.
City Stirling State NJ Zip Code 07980
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation President (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3000.00

Date of Receipt 12 / 19 / 2014
Transaction ID : A2014-2845590
Amount of Each Receipt this Period 115.25

B. Mr. Robert G Breighner
Full Name (Last, First, Middle Initial)
Mailing Address 613 Carrie Drive
City Dallastown State PA Zip Code 17313
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 481.00

Date of Receipt 12 / 05 / 2014
Transaction ID : A2014-2718691
Amount of Each Receipt this Period 19.24

c. Mr. Robert G Breighner
Full Name (Last, First, Middle Initial)
Mailing Address 613 Carrie Drive
City Dallastown State PA Zip Code 17313
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 12 / 19 / 2014
Transaction ID : A2014-2845591
Amount of Each Receipt this Period 19.00

SUBTOTAL of Receipts This Page (optional)..... **153.49**
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: (check only one)	PAGE 14 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Mark S Brodeur
Full Name (Last, First, Middle Initial)

Mailing Address 5324 Meadow Breeze Drive

City State Zip Code
Liberty Township OH 45011

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718692

Amount of Each Receipt this Period
19.24

B. Mr. Mark S Brodeur
Full Name (Last, First, Middle Initial)

Mailing Address 5324 Meadow Breeze Drive

City State Zip Code
Liberty Township OH 45011

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845592

Amount of Each Receipt this Period
19.00

C. Mr. Thomas Buckingham
Full Name (Last, First, Middle Initial)

Mailing Address 1 Chantilly Court

City State Zip Code
Mechanicsburg PA 17050

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

Name of Employer Occupation
Select Medical Corporation Executive Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718693

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional).....	153.63
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:	PAGE 15 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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)
Select Medical Corporation PAC

A. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845593
 Amount of Each Receipt this Period
 115.25

B. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718694
 Amount of Each Receipt this Period
 76.93

c. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845594
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	269.11
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 16 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mrs. Marinella Castroman		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718695
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.75	

Full Name (Last, First, Middle Initial) B. Mrs. Marinella Castroman		Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845595
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.25
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Mrs. Melinda D Comer		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718696
Mailing Address 503 Peach Spring		Amount of Each Receipt this Period 19.24
City Houston	State TX	Zip Code 77037
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.04	

SUBTOTAL of Receipts This Page (optional).....▶	249.88
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 17 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Melinda D Comer
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Peach Spring
 City Houston State TX Zip Code 77037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845596
 Amount of Each Receipt this Period
 19.24

B. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718697
 Amount of Each Receipt this Period
 76.93

C. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845597
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.92
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 18 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Fred R Cullen
Full Name (Last, First, Middle Initial)
Mailing Address 564 Fawnhill Drive

City Langhorne	State PA	Zip Code 19047
-------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718698

Amount of Each Receipt this Period
115.39

B. Mr. Fred R Cullen
Full Name (Last, First, Middle Initial)
Mailing Address 564 Fawnhill Drive

City Langhorne	State PA	Zip Code 19047
-------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845598

Amount of Each Receipt this Period
115.25

C. Mrs. Carolyn N Curnane
Full Name (Last, First, Middle Initial)
Mailing Address 1615 Linda Drive

City West Chester	State PA	Zip Code 19380
----------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718699

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	249.88
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 19 OF 77
(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)
Select Medical Corporation PAC

A. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845599
 Amount of Each Receipt this Period
 19.24

B. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 High Hollow
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718700
 Amount of Each Receipt this Period
 115.39

C. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 High Hollow
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845600
 Amount of Each Receipt this Period
 115.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.88
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 20 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)
Mailing Address 3022 Eagle Point Way
City Tallahassee State FL Zip Code 32312
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 481.00

Date of Receipt
12 / 05 / 2014
Transaction ID : A2014-2718701
Amount of Each Receipt this Period
19.24

B. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)
Mailing Address 3022 Eagle Point Way
City Tallahassee State FL Zip Code 32312
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 19 / 2014
Transaction ID : A2014-2845601
Amount of Each Receipt this Period
19.00

C. Mrs. Teresa L Davis
Full Name (Last, First, Middle Initial)
Mailing Address 1019 Deerfield Road
City Richmond State TX Zip Code 77406
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
12 / 05 / 2014
Transaction ID : A2014-2718702
Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.63
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 21 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Teresa L Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Deerfield Road
 City Richmond State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845602
 Amount of Each Receipt this Period
 115.25

B. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718703
 Amount of Each Receipt this Period
 76.93

C. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845603
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional).....▶	268.93
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 22 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718704
 Amount of Each Receipt this Period
 19.24

B. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845604
 Amount of Each Receipt this Period
 19.00

C. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City State Zip Code
 Elizabethtown PA 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718705
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	115.17
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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City Elizabethtown State PA Zip Code 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845605
 Amount of Each Receipt this Period
 76.93

B. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718706
 Amount of Each Receipt this Period
 115.39

C. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845606
 Amount of Each Receipt this Period
 115.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.57
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 24 OF 77
	<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)
Select Medical Corporation PAC

A. Mr. Philip J Driscoll
Full Name (Last, First, Middle Initial)

Mailing Address 38 Van Doren Way

City Belle Mead State NJ Zip Code 08502

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718707

Amount of Each Receipt this Period
19.24

B. Mr. Philip J Driscoll
Full Name (Last, First, Middle Initial)

Mailing Address 38 Van Doren Way

City Belle Mead State NJ Zip Code 08502

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845607

Amount of Each Receipt this Period
19.00

c. Mrs. Cherie J Elledge
Full Name (Last, First, Middle Initial)

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718708

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
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 25 OF 77
	<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)
Select Medical Corporation PAC

A. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845608
 Amount of Each Receipt this Period
 19.00

B. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718709
 Amount of Each Receipt this Period
 19.24

C. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845609
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.24
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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Paul G Finkbeiner
Full Name (Last, First, Middle Initial)

Mailing Address 24 Strayer Drive

City Carlisle State PA Zip Code 17013

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

Name of Employer Select Medical Corporation Occupation Vice President (Ex)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **12 / 05 / 2014**

Transaction ID : A2014-2718710

Amount of Each Receipt this Period **19.24**

B. Mr. Paul G Finkbeiner
Full Name (Last, First, Middle Initial)

Mailing Address 24 Strayer Drive

City Carlisle State PA Zip Code 17013

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

Name of Employer Select Medical Corporation Occupation Vice President (Ex)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt **12 / 19 / 2014**

Transaction ID : A2014-2845610

Amount of Each Receipt this Period **19.24**

C. Ms. Patti Finnegan
Full Name (Last, First, Middle Initial)

Mailing Address 939 Arlington Glen Drive

City Fenton State MO Zip Code 63026

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

Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt **12 / 05 / 2014**

Transaction ID : A2014-2718711

Amount of Each Receipt this Period **19.24**

SUBTOTAL of Receipts This Page (optional)..... **57.72**

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 27 OF 77
	<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)
Select Medical Corporation PAC

A. Ms. Patti Finnegan
Full Name (Last, First, Middle Initial)

Mailing Address 939 Arlington Glen Drive

City Fenton State MO Zip Code 63026

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

Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845611

Amount of Each Receipt this Period
19.00

B. Bruce Gans
Full Name (Last, First, Middle Initial)

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718712

Amount of Each Receipt this Period
115.39

C. Bruce Gans
Full Name (Last, First, Middle Initial)

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845612

Amount of Each Receipt this Period
115.25

SUBTOTAL of Receipts This Page (optional)..... ▶ **249.64**

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 28 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Scott A Gardner

Mailing Address 611 Fairground Road

City Newport	State PA	Zip Code 17074
-----------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718713

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)
B. Mr. Scott A Gardner

Mailing Address 611 Fairground Road

City Newport	State PA	Zip Code 17074
-----------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845613

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)
C. Mr. Peter J Gillard

Mailing Address 1001 Madera Court

City Allen	State TX	Zip Code 75013
---------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

Transaction ID : A2014-2739871

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
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 29 OF 77
(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)
Select Medical Corporation PAC

A. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739034
 Amount of Each Receipt this Period
 19.24

B. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : A2014-2845677
 Amount of Each Receipt this Period
 19.24

C. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718714
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.24
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 30 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845614
 Amount of Each Receipt this Period
 19.00

B. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City State Zip Code
 New Cumberland PA 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1307.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718715
 Amount of Each Receipt this Period
 76.93

C. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City State Zip Code
 New Cumberland PA 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1384.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845615
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	172.86
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: (check only one)	PAGE 31 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718716
 Amount of Each Receipt this Period
 115.39

B. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845616
 Amount of Each Receipt this Period
 115.39

C. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718717
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	307.71
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 32 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845617
 Amount of Each Receipt this Period
 76.75

B. Ms. Robin Hedeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718718
 Amount of Each Receipt this Period
 19.24

C. Ms. Robin Hedeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845618
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.23
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David J Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Arcona Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718719
 Amount of Each Receipt this Period
 19.24

B. Mr. David J Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Arcona Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845619
 Amount of Each Receipt this Period
 19.24

C. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718720
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845620
 Amount of Each Receipt this Period
 19.24

B. Ms. Anne E Jurenc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718721
 Amount of Each Receipt this Period
 19.24

C. Ms. Anne E Jurenc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845621
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.48
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 35 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David F Key
Full Name (Last, First, Middle Initial)

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

Name of Employer Select Medical Corporation Occupation Regional President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718722

Amount of Each Receipt this Period
76.93

B. Mr. David F Key
Full Name (Last, First, Middle Initial)

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

Name of Employer Select Medical Corporation Occupation Regional President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845622

Amount of Each Receipt this Period
76.75

C. Mrs. Peggy L Kingston
Full Name (Last, First, Middle Initial)

Mailing Address 228 Brewster

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718723

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.92

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 36 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Peggy L Kingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845623
 Amount of Each Receipt this Period
 19.00

B. Mr. Kristofer C Kitzke
 Full Name (Last, First, Middle Initial)
 Mailing Address 873 Winterfields Drive
 City Cordova State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718724
 Amount of Each Receipt this Period
 19.24

C. Mr. Kristofer C Kitzke
 Full Name (Last, First, Middle Initial)
 Mailing Address 873 Winterfields Drive
 City Cordova State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845624
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.24
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 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Laurie Kozorosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 North Marian Street
 City Ebensburg State PA Zip Code 15931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845626
 Amount of Each Receipt this Period
 19.24

B. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718727
 Amount of Each Receipt this Period
 76.93

C. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845627
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.92
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 39 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718728
 Amount of Each Receipt this Period
 19.24

B. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845628
 Amount of Each Receipt this Period
 19.24

C. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739873
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 12 / 12 / 2014
Transaction ID : A2014-2739036
 Amount of Each Receipt this Period
 19.24

B. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 26 / 2014
Transaction ID : A2014-3073149
 Amount of Each Receipt this Period
 19.00

C. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718729
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	115.17
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 77
	<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)
Select Medical Corporation PAC

A. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845629
 Amount of Each Receipt this Period
 76.93

B. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718730
 Amount of Each Receipt this Period
 115.38

C. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2038.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845630
 Amount of Each Receipt this Period
 115.38

SUBTOTAL of Receipts This Page (optional).....▶	307.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718731
 Amount of Each Receipt this Period
 19.24

B. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845631
 Amount of Each Receipt this Period
 19.24

C. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718732
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
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 43 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845632
 Amount of Each Receipt this Period
 19.24

B. Mr. Anthony J Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 W Barbie Lane
 City Phoenix State AZ Zip Code 85085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718733
 Amount of Each Receipt this Period
 19.24

C. Mr. Anthony J Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 W Barbie Lane
 City Phoenix State AZ Zip Code 85085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845633
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mrs. Debora A Martoccio		Date of Receipt
Mailing Address 4511 Gulfwinds Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Lutz FL 33558		Transaction ID : A2014-2718734
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="404.04"/>	

Full Name (Last, First, Middle Initial) B. Mrs. Debora A Martoccio		Date of Receipt
Mailing Address 4511 Gulfwinds Drive		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Lutz FL 33558		Transaction ID : A2014-2845634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="423.28"/>	

Full Name (Last, First, Middle Initial) C. Mr. Michael H McAlister		Date of Receipt
Mailing Address 5950 Fishing Creek Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Nolensville TN 37135		Transaction ID : A2014-2718735
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="423.28"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 45 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Michael H McAlister

Mailing Address 5950 Fishing Creek Road

City State Zip Code
Nolensville TN 37135

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845635

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Michael T McGovern

Mailing Address 2452 Club Road

City State Zip Code
Columbus OH 43221

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

Name of Employer Occupation
Select Medical Corporation Senior Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718736

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
C. Mr. Michael T McGovern

Mailing Address 2452 Club Road

City State Zip Code
Columbus OH 43221

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

Name of Employer Occupation
Select Medical Corporation Senior Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845636

Amount of Each Receipt this Period
115.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.88

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Barbara J Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5809 Copper Canyon
 City The Colony State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718737
 Amount of Each Receipt this Period
 19.24

B. Ms. Barbara J Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5809 Copper Canyon
 City The Colony State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845637
 Amount of Each Receipt this Period
 19.24

C. Mr. Thomas P Mullin
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718738
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Thomas P Mullin		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 Transaction ID : A2014-2845638
Mailing Address 215 St James Court		Amount of Each Receipt this Period 19.24
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28	

Full Name (Last, First, Middle Initial) B. Mr. Gregory C Nichols		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 Transaction ID : A2014-2739874
Mailing Address 608 Castlebrook Dr		Amount of Each Receipt this Period 19.24
City Prattville	State AL	Zip Code 36066
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation President of Network Development (E)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.76	

Full Name (Last, First, Middle Initial) C. Mr. Gregory C Nichols		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 Transaction ID : A2014-2739037
Mailing Address 608 Castlebrook Dr		Amount of Each Receipt this Period 19.24
City Prattville	State AL	Zip Code 36066
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation President of Network Development (E)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

SUBTOTAL of Receipts This Page (optional).....▶	57.24
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 48 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Gregory C Nichols		Date of Receipt 12 / 26 / 2014 Transaction ID : A2014-2845679
Mailing Address 608 Castlebrook Dr		Amount of Each Receipt this Period 19.00
City Prattville	State AL	Zip Code 36066
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation President of Network Development (E)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs. Sharon A Noro		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718739
Mailing Address 24 3rd Street		Amount of Each Receipt this Period 76.93
City Aspinwall	State PA	Zip Code 15215
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.25	

Full Name (Last, First, Middle Initial) C. Mrs. Sharon A Noro		Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845639
Mailing Address 24 3rd Street		Amount of Each Receipt this Period 76.75
City Aspinwall	State PA	Zip Code 15215
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	172.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John F O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 Wembley Court
 City Clarkston State MI Zip Code 48346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718740
 Amount of Each Receipt this Period
 19.24

B. Mr. John F O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 Wembley Court
 City Clarkston State MI Zip Code 48346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845640
 Amount of Each Receipt this Period
 19.24

C. Mrs. Sue E Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3023 Tanglewood Drive
 City Clearwater State FL Zip Code 33761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2014
Transaction ID : A2014-2739981
 Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	3038.48
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 50 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert A Padalino			Date of Receipt 12 / 30 / 2014 Transaction ID : A2014-2830761
Mailing Address 1470 Torrey			Amount of Each Receipt this Period 5000.00
City Grosse Pointe Woods	State MI	Zip Code 48236	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 5000.00
Name of Employer Select Medical Corporation		Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Matthew P Pearson			Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718741
Mailing Address 4514 W 72nd Street			Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2884.75
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Matthew P Pearson			Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845641
Mailing Address 4514 W 72nd Street			Amount of Each Receipt this Period 115.25
City Prairie Village	State KS	Zip Code 66208	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 3000.00
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	5230.64
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 51 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mrs. Genise Pedrick

Mailing Address 4771 Sweetshade Drive

City State Zip Code
Sarasota FL 34241

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

Name of Employer Occupation
Select Medical Corporation Regional Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718742

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mrs. Genise Pedrick

Mailing Address 4771 Sweetshade Drive

City State Zip Code
Sarasota FL 34241

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

Name of Employer Occupation
Select Medical Corporation Regional Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845642

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
C. Mrs. Lisa J Pettrey

Mailing Address 5625 Preswick Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718743

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48

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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City State Zip Code
 Dublin OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845643
 Amount of Each Receipt this Period
 19.00

B. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718744
 Amount of Each Receipt this Period
 19.24

C. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845644
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.24
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 53 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Fabian E Polo
Full Name (Last, First, Middle Initial)
Mailing Address 4713 Parkhaven Dr.
City Garland State TX Zip Code 75043
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 481.00

Date of Receipt 12 / 05 / 2014
Transaction ID : A2014-2718745
Amount of Each Receipt this Period 19.24

B. Mr. Fabian E Polo
Full Name (Last, First, Middle Initial)
Mailing Address 4713 Parkhaven Dr.
City Garland State TX Zip Code 75043
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2014
Transaction ID : A2014-2845645
Amount of Each Receipt this Period 19.00

C. Ms. Budine Pucylowski
Full Name (Last, First, Middle Initial)
Mailing Address 140 Old Vineyard Lane
City Heath State TX Zip Code 75032
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President of Business Developm
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80

Date of Receipt 12 / 05 / 2014
Transaction ID : A2014-2718746
Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48
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 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Budine Pucylowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Old Vineyard Lane
 City Heath State TX Zip Code 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Business Developm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845646
 Amount of Each Receipt this Period
 19.24

B. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718747
 Amount of Each Receipt this Period
 76.93

C. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845647
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.92
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: PAGE 55 OF 77
(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)
Select Medical Corporation PAC

A. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City State Zip Code
 Cornelius NC 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718748
 Amount of Each Receipt this Period
 19.24

B. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City State Zip Code
 Cornelius NC 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845648
 Amount of Each Receipt this Period
 19.00

C. Mr. Curtis L Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Byrnes Road
 City State Zip Code
 North Augusta SC 29841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718749
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48
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 56 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Curtis L Roberts

Mailing Address 1909 Byrnes Road

City North Augusta State SC Zip Code 29841

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-2845649

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
B. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City Chesterfield State MO Zip Code 63017

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

Name of Employer Select Medical Corporation Occupation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2014

Transaction ID : A2014-2739875

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City Chesterfield State MO Zip Code 63017

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

Name of Employer Select Medical Corporation Occupation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : A2014-2739038

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.48**

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 57 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Doctor Jason Rubel		Date of Receipt
Mailing Address 2027 Sun Flower Ct.		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chesterfield	MO	63017
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2845680
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="900.00"/>
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Brian R Rusignuolo		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
New Cumberland	PA	17070
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2718750
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2384.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Brian R Rusignuolo		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
New Cumberland	PA	17070
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2845650
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.03"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.76"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Jeffrey J Ruskan
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Beechwood Drive
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718751
 Amount of Each Receipt this Period
 76.93

B. Mr. Jeffrey J Ruskan
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Beechwood Drive
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845651
 Amount of Each Receipt this Period
 76.75

C. Ms. Beth R Sarfaty
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739876
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	172.92
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 59 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Beth R Sarfaty
Full Name (Last, First, Middle Initial)

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014
Transaction ID : A2014-2739039

Amount of Each Receipt this Period
19.24

B. Ms. Beth R Sarfaty
Full Name (Last, First, Middle Initial)

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2014
Transaction ID : A2014-2845681

Amount of Each Receipt this Period
19.24

C. Ms. Megan P Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 16 Lake Village Court

City Johnson City State TN Zip Code 37601

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

Name of Employer Select Medical Corporation Occupation Regional President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2653.97**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718752

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ **153.87**

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 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845652
 Amount of Each Receipt this Period
 115.39

B. Ms. Linda P Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 SE 45th Street
 City Topeka State KS Zip Code 66609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718753
 Amount of Each Receipt this Period
 19.24

C. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718755
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	153.87
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 61 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845654
 Amount of Each Receipt this Period
19.24

B. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1923.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718754
 Amount of Each Receipt this Period
76.93

C. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845653
 Amount of Each Receipt this Period
76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.92
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:	PAGE 62 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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)
Select Medical Corporation PAC

A. Mrs. Jeanne M Slane
Full Name (Last, First, Middle Initial)
Mailing Address 6537 Caldecott Drive

City Naples	State FL	Zip Code 34113
----------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718756

Amount of Each Receipt this Period
19.24

B. Mrs. Jeanne M Slane
Full Name (Last, First, Middle Initial)
Mailing Address 6537 Caldecott Drive

City Naples	State FL	Zip Code 34113
----------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845655

Amount of Each Receipt this Period
19.24

C. Mr. Nigel D Smith
Full Name (Last, First, Middle Initial)
Mailing Address 9815 Vistadale Dr

City Dallas	State TX	Zip Code 75238-1529
----------------	-------------	------------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718757

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
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 63 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Nigel D Smith		Date of Receipt
Mailing Address 9815 Vistadale Dr		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75238-1529
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2845656
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.00"/>
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Robin R Smith		Date of Receipt
Mailing Address 21 Bonnywick Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17111
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2718758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="404.04"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Robin R Smith		Date of Receipt
Mailing Address 21 Bonnywick Drive		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17111
FEC ID number of contributing federal political committee.		Transaction ID : A2014-2845657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="423.28"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.48"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1692.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718759
 Amount of Each Receipt this Period
76.93

B. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1769.39**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845658
 Amount of Each Receipt this Period
76.93

C. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **442.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718760
 Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....	173.10
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: PAGE 65 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
Select Medical Corporation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845659

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Sean A Stricker

Mailing Address 2835 Elm Tree Park

City State Zip Code
San Antonio TX 78259

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718761

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mr. Sean A Stricker

Mailing Address 2835 Elm Tree Park

City State Zip Code
San Antonio TX 78259

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845660

Amount of Each Receipt this Period
19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48

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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718762
 Amount of Each Receipt this Period
 19.24

B. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845661
 Amount of Each Receipt this Period
 19.00

C. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718763
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
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 67 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mrs. Linda K Supplee

Mailing Address 115 E. Willow Drive

City Zanesville State OH Zip Code 43701

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845662

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
B. Mr. Thomas N Therout

Mailing Address 10240 Madison

City Omaha State NE Zip Code 68127

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

Name of Employer Select Medical Corporation Occupation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2423.19**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718764

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
C. Mr. Thomas N Therout

Mailing Address 10240 Madison

City Omaha State NE Zip Code 68127

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

Name of Employer Select Medical Corporation Occupation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2538.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845663

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ **249.78**

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 68 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Jeffrey D Thompson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 Transaction ID : A2014-2718765
Mailing Address 6840 N. Park Dr.		Amount of Each Receipt this Period 19.24
City North Richland Hills	State TX	Zip Code 76182
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey D Thompson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 Transaction ID : A2014-2845664
Mailing Address 6840 N. Park Dr.		Amount of Each Receipt this Period 19.00
City North Richland Hills	State TX	Zip Code 76182
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Linda M Tiemens		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 Transaction ID : A2014-2718766
Mailing Address 1558 South Fern Place		Amount of Each Receipt this Period 76.93
City Broken Arrow	State OK	Zip Code 74012
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.25	

SUBTOTAL of Receipts This Page (optional).....▶	115.17
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 69 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Linda M Tiemens
 Mailing Address 1558 South Fern Place
 City State Zip Code
 Broken Arrow OK 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845665
 Amount of Each Receipt this Period
 76.75

Full Name (Last, First, Middle Initial)
B. Mr. Remko van der Voordt
 Mailing Address 253 Lafayette St Unit A
 City State Zip Code
 Salem MA 01970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Regional Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718767
 Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
C. Mr. Remko van der Voordt
 Mailing Address 253 Lafayette St Unit A
 City State Zip Code
 Salem MA 01970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Regional Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845666
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.23
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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Loran Vocaturo
Full Name (Last, First, Middle Initial)
Mailing Address 18 Richard Road

City East Brunswick	State NJ	Zip Code 08816
------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718768

Amount of Each Receipt this Period

19.24

B. Loran Vocaturo
Full Name (Last, First, Middle Initial)
Mailing Address 18 Richard Road

City East Brunswick	State NJ	Zip Code 08816
------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845667

Amount of Each Receipt this Period

19.24

C. Mr. Timothy C Wadman
Full Name (Last, First, Middle Initial)
Mailing Address 204 Babbling Brook Drive

City Saint Charles	State MO	Zip Code 63303
-----------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718769

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional).....▶	115.41
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 71 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Timothy C Wadman
Full Name (Last, First, Middle Initial)

Mailing Address 204 Babbling Brook Drive

City Saint Charles State MO Zip Code 63303

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845668

Amount of Each Receipt this Period
 76.75

B. Mr. Robert S Ward
Full Name (Last, First, Middle Initial)

Mailing Address 5707 TPC Parkway Apt 1626

City San Antonio State TX Zip Code 78261

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718770

Amount of Each Receipt this Period
 19.24

C. Mr. Robert S Ward
Full Name (Last, First, Middle Initial)

Mailing Address 5707 TPC Parkway Apt 1626

City San Antonio State TX Zip Code 78261

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845669

Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.99

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 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City State Zip Code
Etters PA 17319

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

Name of Employer Occupation
Select Medical Corporation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
12 / 05 / 2014
Transaction ID : A2014-2718771

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City State Zip Code
Etters PA 17319

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

Name of Employer Occupation
Select Medical Corporation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 19 / 2014
Transaction ID : A2014-2845670

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
C. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City State Zip Code
Milton WV 25541

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.46

Date of Receipt
12 / 05 / 2014
Transaction ID : A2014-2718772

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional).....▶	115.17
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 73 OF 77
(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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City Milton State WV Zip Code 25541

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1769.39**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-2845671

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Mrs. Andrea F White

Mailing Address 1817 Jacobs Lane

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : A2014-2718773

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mrs. Andrea F White

Mailing Address 1817 Jacobs Lane

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-2845672

Amount of Each Receipt this Period
19.00

SUBTOTAL of Receipts This Page (optional)..... ► **115.17**

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 74 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian J Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718774

Amount of Each Receipt this Period
115.39

B. Mr. Brian J Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845673

Amount of Each Receipt this Period
115.25

C. Mr. Juan C Yanes
Full Name (Last, First, Middle Initial)
Mailing Address 4143 Stargrass Court

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718775

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	249.88
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 77
<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)
Select Medical Corporation PAC

A. Mr. Juan C Yanes
Full Name (Last, First, Middle Initial)

Mailing Address 4143 Stargrass Court

City Hilliard State OH Zip Code 43026

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845674

Amount of Each Receipt this Period
19.24

B. Ms. Coleen Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Bohler Road

City Appling State GA Zip Code 30802

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718776

Amount of Each Receipt this Period
76.93

c. Ms. Coleen Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Bohler Road

City Appling State GA Zip Code 30802

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1615.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845675

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional).....▶	173.10
TOTAL This Period (last page this line number only).....▶	17393.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 OF 77
(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)
Select Medical Corporation PAC

A. Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4030.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : A2014-13788

Amount of Each Receipt this Period
 1990.04

Partial refund of 1/27/14 contribution made via Cantor Victory Fund

B. Full Name (Last, First, Middle Initial)

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

C. Full Name (Last, First, Middle Initial)

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).....▶	1990.04
TOTAL This Period (last page this line number only).....▶	1990.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Bluegrass Committee

Mailing Address 220 1/2 E St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2014			

Transaction ID : B540377

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

2500.00

2500.00
