Image# 15970316022						PAGE 1 / 77
FEC FORM 3X	AND DI	T OF REC SBURSEI an An Authorized	MENTS	;	Off	iice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing r the lines.	, type	12FE4M5	
Select Medical Co	poration PAC					
ADDRESS (number and stre	et)	rg Road				
Check if different						
than previously reported. (ACC)	Mechanicsburg	g 			PA	17055
2. FEC IDENTIFICATIO	N NUMBER 🔻	CITY 🔺		S	TATE 🔺	ZIP CODE
C C00546119		3. IS THIS REPORT	NE (N)	_	× AMENI (A)	DED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep X January 31 Year-End Rep July 31 Mid-Y 	bort (Q1) cort (Q2) cort (Q3) cort (YE)	Election on	Primary (12P) Convention (12	ay 20 (M5) n 20 (M6) I 20 (M7) 2C)	Aug 20 (Sep 20 (Oct 20 (General (126) Special (128)	M9) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) a) Runoff (12R)
Report (Non-6 Year Only) (M	election IY) POS Repo	T-Election ort for the:	General (30G)	D - D / Y	Runoff (30R)	in the
 Covering Period I certify that I have examination 	11 / 25 /	Election on 2014	through	12	, correct and co	State of 2014 mplete.
Type or Print Name of Tre Signature of Treasurer	asurer <u>William Walter</u>	S	[Electronically F	Filed] Da	te 03	D D / Y Y Y Y 26 / 2015
NOTE: Submission of false,	erroneous, or incomple	te information may su	ubject the perso	n signing this	s Report to the p	enalties of 2 U.S.C. §437g.
Office Use Only					F	FEC FORM 3X Rev. 12/2004

03/26/2015 10 : 49

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X

nage	e# 15970316023		
	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	
Wri	ite or Type Committee Name		
S	elect Medical Corporation PAC		
Re	port Covering the Period: From:	11 25 2014	Fo: 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. ((a) Cash on Hand January 1, 2014		11628.39
((b) Cash on Hand at Beginning of Reporting Period	96426.18	
	(c) Total Receipts (from Line 19)	19441.36	241579.15
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	115867.54	253207.54
	Total Disbursements (from Line 31)	2500.00	139840.00
I	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113367.54	113367.54
1	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Write or Type Committee Name Select Medical Corporation PAC M M M / D D / YYYY Y 2014 Report Covering the Period: From: I. Receipts COLUMN A COLUMN B Calendar Year-to- I. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Unitemized 57.72 (ii) Unitemized 57.72 (iii) Unitemized 0.00 (a) Political Party Committees 0.00 (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry 17451.32 Totals to Line 33, page 5)	age 3
Select Medical Corporation PAC Marking of the period: From: Marking of the period: From: Column A column A column B calendar Year-to- Column A column A column B calendar Year-to- 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Unitemized (use Schedule A)	
Report Covering the Period: From: II Z5 Z014 To: II III Z31 I. Receipts COLUMN A Total This Period COLUMN B Calendar Year-to- 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	
Report Covering the Period: From: 11 25 2014 To: 12 31 I. Receipts COLUMN A Total This Period COLUMN A Calendar Year-to- 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	
I. Receipts Total This Period Calendar Year-to- 11. Contributions (other than loans) From: (a) Individuals/Persons Other 17393.60 17393.60 (ii) Itemized (use Schedule A)	Y Y Y Y 2014
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Date
Than Political Committees 17393.60 (i) Itemized (use Schedule A)	
 (i) Itemized (use Schedule A)	
 (ii) Unitemized	218493.82
 (iii) TOTAL (add Lines 11(a)(i) and (ii)	
Lines 11(a)(i) and (ii)	18845.29
 (b) Political Party Committees	
 (b) Folitical Faity Committees	237339.11
 (b) Folitical Faity Committees	0.00
(such as PACs)	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	
Totals to Line 33, page 5)	
	237339.11
Party Committees	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)	210.00
16. Refunds of Contributions Made	
to Federal Candidates and Other	4030.04
Political Committees	4030.04
(Dividends, Interest, etc.)	0.00
18. Transfers from Non-Federal and Levin Funds	0.00
(a) Non-Federal Account	
(from Schedule H3)	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

Image# 15970316024

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	0.00	240.0
(c) Total Operating Expenditures	0.00	240.0
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7 7	
CommitteesContributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	2500.00	135100.0
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.0
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	4500.0
		0.0
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	4500.0
(add Lines 28(a), (b), and (c))►		
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	139840.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2500.00	139840.00
	7 7	

I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Total Contributions (other than loans) (from Line 11(d), page 3)	17451.32	237339.11			
. Total Contribution Refunds (from Line 28(d))	0.00	4500.00			
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17451.32	232839.11			
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	240.00			
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	210.00			
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.00			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
Α.	Full Name (Last, First, Middle Initial) Ms. Jennifer K Allison Mailing Address 402 Huron Drive			Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2014-2718683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer	Occupation		
	Select Medical Corporation	Vice Presid	ent (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		404.00	
	Other (specify)		481.00	
В.	Full Name (Last, First, Middle Initial) Ms. Jennifer K Allison			Date of Receipt
	Mailing Address 402 Huron Drive			12 19 / Y Y Y Y 12 19 2014
	City	State	Zip Code	Transaction ID : A2014-2845583
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.00
	Name of Employer	Occupation		
	Select Medical Corporation	Vice Presid	ent (Ex)	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) Ms. Joan Alverzo			Date of Receipt
	Mailing Address 152 Old Landing Road			12 05 / Y Y Y Y 2014
	City	State MD	Zip Code	Transaction ID : A2014-2718684
	Ocean City		21842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer	Occupation		
	Select Medical Corporation	Vice Presid	ent (Ex)	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00	
s	UBTOTAL of Receipts This Page (optional)		•	57.48

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

100

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

77

TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee 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 Ocean City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code MD 21842 C Occupation	Date of Receipt 12 19 2014 Transaction ID : A2014-2845584 Amount of Each Receipt this Period 19.00
Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice President (Ex) Aggregate Year-to-Date ▼ 500.0	10
B. Full Name (Last, First, Middle Initial) Ms. Kathy Beckett Mailing Address 8444 Tibet Butler Dr	State Zip Code	Date of Receipt 11 28 2014 Transaction ID : A2014-2739870
Windermere FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	FL 34786 C Occupation Vice President of Clinical Services Aggregate Year-to-Date ▼ 461.7	Amount of Each Receipt this Period 19.24
Full Name (Last, First, Middle Initial) Ms. Kathy Beckett Mailing Address 8444 Tibet Butler Dr City Windermere FEC ID number of contributing federal political committee.	State Zip Code FL 34786	Date of Receipt 12 12 2014 Transaction ID : A2014-2739033 Amount of Each Receipt this Period 19.24
Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation Vice President of Clinical Services Aggregate Year-to-Date ▼ 481.0)0
SUBTOTAL of Receipts This Page (optio	nal)	57.48

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 9 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Α.	Mailing Address 8444 Tibet Butler Dr			Date of Receipt
	City	State	Zip Code	Transaction ID : A2014-2845676
	Windermere	FL	34786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.00
	Name of Employer	Occupation	I	
	Select Medical Corporation	Vice Presid	ent of Clinical Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
	Other (specify)		7 7 7	1
в.	Full Name (Last, First, Middle Initial) Mr. Robert J Bein			Date of Receipt
	Mailing Address 545 Mud College Road			12 05 2014
	City	State	Zip Code	Transaction ID : A2014-2718685
	Littlestown	PA	17340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer	Occupation	l	
	Select Medical Corporation	Vice Presid	ent (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		1923.25]
с.	Full Name (Last, First, Middle Initial) Mr. Robert J Bein			Date of Receipt
	Mailing Address 545 Mud College Road			12 D D / Y Y Y Y 12 19 2014
	City Littlestown	State PA	Zip Code 17340	Transaction ID : A2014-2845585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.75
	Name of Employer	Occupation		
	Select Medical Corporation	Vice Presid	lent (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		2000.00	1
s	UBTOTAL of Receipts This Page (optional)			172.68

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Α.	Full Name (Last, First, Middle Initial) Mr. Dionisio Bencomo Mailing Address 2851 SW 137 Court City Miami	State FL	Zip Code 33175	Date of Receipt
	FEC ID number of contributing federal political committee.	Occupation		19.24
	Select Medical Corporation Receipt For: Primary General Other (specify)	Administrat		
В.	Full Name (Last, First, Middle Initial) Mr. Dionisio Bencomo Mailing Address 2851 SW 137 Court			Date of Receipt
	City Miami FEC ID number of contributing federal political committee.	State FL	Zip Code 33175	12 19 2014 Transaction ID : A2014-2845586 Amount of Each Receipt this Period 19.24
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation Administrate Aggregate		
C.	Full Name (Last, First, Middle Initial) Ms. Kelly L Blake Mailing Address 3269 Blue Goose Road			Date of Receipt
	City Nicktown	State PA	Zip Code 15762	12 05 2014 Transaction ID : A2014-2718687 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation Administrat Aggregate		
s	UBTOTAL of Receipts This Page (optional)		•••••	57.72

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

FEC Schedule A (Form 3X) Rev. 02/2003

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17		
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С										
Α.	Mailing Address 3269 Blue Goose Road				ate of M M 12	/	19		у у 2014	Y		
	City Nicktown	State PA	Zip Code 15762					A2014-2 Receipt th		d		
	FEC ID number of contributing federal political committee.	С					7	7	1	9.24		
	Name of Employer	Occupation										
	Select Medical Corporation	Administrat	or (Ex)									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 442.52									
В.	Full Name (Last, First, Middle Initial) Mr. Edwin A Bodensiek			Da	ate of	Re	ceipt					
	Mailing Address 3047 Terra Maria Way						12 05 _2014 _					
	City	State	Zip Code			acti		A2014-2				
	Ellicott City	MD	21042	Ar	mount	of	Each F	Receipt th	is Period	b		
	FEC ID number of contributing federal political committee.	С					9	7	11;	5.38		
	Name of Employer Select Medical Corporation	Occupation Vice Preside										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2384.65]								
с.	Full Name (Last, First, Middle Initial) Mr. Edwin A Bodensiek			Da	ate of	Re	ceipt					
	Mailing Address 3047 Terra Maria Way				^M M 12	/	D 19		ү ү 2014	Y		
	City Ellicott City	State MD	Zip Code 21042					: A2014-2 Receipt th		d		
	FEC ID number of contributing federal political committee.	Ŭ						7	11	5.38		
	Name of Employer Occupation											
	Select Medical Corporation	Vice Presid	ent (Ex)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.03]								
s	UBTOTAL of Receipts This Page (optional)		•				7		250).00		

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

77

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC	
Full Name (Last, First, Middle Initial) Mr. Michael S Boggs Mailing Address 341 R L Wheeler Rd City Macon FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code GA 31211 C Occupation Administrator (Ex) Aggregate Year-to-Date ▼ 481.00 481.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code GA 31211 C Occupation Administrator (Ex) Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / 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) Mr. Robert H Brehm Mailing Address 605 Chestnut St. City Stirling FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 07980 C Occupation President (Ex) Aggregate Year-to-Date ▼ 2884.75	Date of Receipt 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).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 13 OF

77

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	-	11b 14	11c	12	17	
	ny information copied from such Reports and S for commercial purposes, other than using the				or the		pose o	f soliciting	g contrib	utions	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C									
Α.	Full Name (Last, First, Middle Initial) Mr. Robert H Brehm			[Date o	f Re	ceipt				
	Mailing Address 605 Chestnut St.		M M M D D Y								
	City Stirling										
	FEC ID number of contributing federal political committee.	С					,		11	5.25	
	Name of Employer Select Medical Corporation	Occupation President (I									
	Receipt For: Primary General Other (specify)										
в.	Full Name (Last, First, Middle Initial) Mr. Robert G Breighner						ceipt				
	Mailing Address 613 Carrie Drive						12 / D D / Y Y Y Y 12 05 2014				
	City Dallastown	State PA	Zip Code 17313	Transaction ID : A2014-2718691 Amount of Each Receipt this Peri						d	
	FEC ID number of contributing federal political committee.		19.24								
	Name of Employer Select Medical Corporation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00								
С.	Full Name (Last, First, Middle Initial) Mr. Robert G Breighner				Date o	f Re	ceipt				
	Mailing Address 613 Carrie Drive				^M 12	/	D 19		у у 2014	Y	
	City Dallastown	State PA	Zip Code 17313					: A2014-2 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					7		1	9.00	
	Name of Employer	Occupation	 	_							
	Select Medical Corporation										
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00		-						
_	Other (specify)										
s	SUBTOTAL of Receipts This Page (optional)			<u> </u>	-	_	,		15	3.49	
т	OTAL This Period (last page this line number	only)		.			,				

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

77

		Detailed Summary Page	11a		11b	11c	12		
Any information copied from such Reports ar or for commercial purposes, other than using								butio	
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC								
Full Name (Last, First, Middle Initial) Mr. Mark S Brodeur Mailing Address 5324 Meadow Breeze Driv City Liberty Township FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State OH C Occupation Administrat			/ sact	05 ion ID		nis Peri	2	24
Full Name (Last, First, Middle Initial) Mr. Mark S Brodeur Mailing Address 5324 Meadow Breeze Driv City Liberty Township FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State OH C Occupation Administrate			acti	19 ion ID :		nis Peri		0
Full Name (Last, First, Middle Initial) Mr. Thomas Buckingham Mailing Address 1 Chantilly Court City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 17050 /ice President (Ex) Year-to-Date ▼ 2884.75		/ sact	05		nis Peri	3	39
SUBTOTAL of Receipts This Page (optional	l)				 		1	53.6	3

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 15 OF

77

			Detailed Summary Page		-	۱ -	_	11b	11c		12	—		
Ar	y information copied from such Reports and S	tatements m	l av not be sold or used by any pe	erson	13 for th	ne n) Urr	14 005e.0	15 If solicitin		16 tributi	17 ions		
	for commercial purposes, other than using the													
\setminus	NAME OF COMMITTEE (In Full)													
	Select Medical Corporation PA	C												
	Full Name (Last, First, Middle Initial)						_							
А.	Mr. Thomas Buckingham Mailing Address 1 Chantilly Court			- '	Date of Receipt									
	Maining Address T Chanting Court				12 19 2014									
	City	State	Zip Code		Transaction ID : A2014-2845593									
	Mechanicsburg	PA	17050		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C						7			115.	25		
	Name of Employer	Occupation	1	-										
	Select Medical Corporation	Executive \	/ice President (Ex)											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)													
	Full Name (Last, First, Middle Initial)													
В.	Mr. Raymond F Carnevale						Re	ceipt						
	Mailing Address 5801 Gemini Dr. Apt. 305						M = M / D = D / Y = Y = Y							
	City	State	Zip Code	-	12	_		05		201				
	Madison						: A2014-2 Receipt t							
	FEC ID number of contributing	WI	53718	- '	Amo	unit	01	Lacii	neceipi i		illou	_		
	federal political committee.						_	7		_	76.	93		
	Name of Employer	1	_											
	Select Medical Corporation	or (Ex)												
	Receipt For:													
	Primary General													
	Other (specify)		, 1615.53											
_	Full Name (Last, First, Middle Initial)				Dei		_							
C.	Mr. Raymond F Carnevale Mailing Address 5801 Gemini Dr. Apt. 305						не	ceipt	D (¥ -	V		
	Maining Address 5801 Gemini Dr. Apt. 305				[™] 1:		ĺ ′	D 19		201		Y		
	City	State	Zip Code		Tra	nsa	acti	ion ID	: A2014-	28455	94			
	Madison	WI	53718	/	Amo	unt	of	Each	Receipt t	his Pe	eriod			
	FEC ID number of contributing	С									76.	.93		
	federal political committee.				-		-	7		-				
	Name of Employer	Occupation	I											
	Select Medical Corporation	Administrator (Ex)												
	Receipt For: Primary General	Aggregate Year-to-Date ▼												
	Other (specify)													
	Other (specify)													
Γ	L. L													
s	UBTOTAL of Receipts This Page (optional)		••••••	•		_		7		_	269.2	11		
L-	OTAL This Davied (last same this line south a	only)		-						_				
11	OTAL This Period (last page this line number	uniy)		-				an 11						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C						
Full Name (Last, First, Middle Initial) Mrs. Marinella Castroman Mailing Address 2971 Stanfield Avenue City Orlando FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State FL Occupation Administrat Aggregate		Date of Receipt				
Full Name (Last, First, Middle Initial) Mrs. Marinella Castroman Mailing Address 2971 Stanfield Avenue City Orlando	Date of Receipt 12 19 2014 Transaction ID : A2014-2845595 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	C Occupation Administrate Aggregate		115.25				
Full Name (Last, First, Middle Initial) Mrs. Melinda D Comer Mailing Address 503 Peach Spring City Houston FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General	State TX C Occupation Vice Presid Aggregate		Date of Receipt 12 05 2014 Transaction ID : A2014-2718696 Amount of Each Receipt this Period 19.24				
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		404.04	249.88				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

77

	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions a to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C							
A.	Full Name (Last, First, Middle Initial) Mrs. Melinda D Comer Mailing Address 503 Peach Spring			Date of Receipt					
				12 19 2014					
	City	State TX	Zip Code 77037	Transaction ID : A2014-2845596					
	Houston	1.	77037	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation							
	Select Medical Corporation	Vice Presid	ent (Ex)						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		423.28						
_	Full Name (Last, First, Middle Initial)								
В.	Mr. Jevne R Conover			Date of Receipt					
	Mailing Address 11896 Lakeshore Drive	12 05 _2014 _							
	City	State	Zip Code	Transaction ID : A2014-2718697					
	Grand Haven	MI	49417	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.93					
	Name of Employer	Occupation							
	Select Medical Corporation	Administrate	or (Ex)						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		1923.25						
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Jevne R Conover			Date of Receipt					
	Mailing Address 11896 Lakeshore Drive			12 19 2014					
	City	State	Zip Code	Transaction ID : A2014-2845597					
	Grand Haven	MI	49417	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.75					
	Name of Employer	Occupation							
	Select Medical Corporation	Administrat	or (Ex)						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		2000.00						
s	UBTOTAL of Receipts This Page (optional)			172.92					

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17	
	ny information copied from such Reports and S for commercial purposes, other than using the				or the		pose o	f soliciting	g contrib	outions	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C									
Α.	Full Name (Last, First, Middle Initial) Mr. Fred R Cullen			[Date o	f Re	ceipt				
	Mailing Address 564 Fawnhill Drive		M M / D D / Y Y Y Y Y Y 12 05 2014 Transaction ID : A2014-2718698 Amount of Each Receipt this Period								
	City Langhorne	A									
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer	Occupation	l								
	Select Medical Corporation										
	Receipt For: Primary General Other (specify) ▼										
В.	Full Name (Last, First, Middle Initial) B. Mr. Fred R Cullen						ceipt				
	Mailing Address 564 Fawnhill Drive						12 19 2014				
	City	State	Zip Code		Trans	sacti	on ID :	: A2014-2	845598		
	Langhorne	PA	19047	A	Amoun	t of	Each I	Receipt th	nis Perio	bd	
	FEC ID number of contributing federal political committee.		115.25								
	Name of Employer Select Medical Corporation										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Mrs. Carolyn N Curnane				Date o	f Re	ceipt				
	Mailing Address 1615 Linda Drive				12 05 2014						
	City West Chester	State PA	Zip Code 19380	A				: A2014-2 Receipt th			
	FEC ID number of contributing federal political committee.	С					т. I			19.24	
	Name of Employer	Occupation	l	-							
	Select Medical Corporation	Vice Presid	lent (Ex)								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		442.52								
	UBTOTAL of Receipts This Page (optional)			- i	-		7		24	19.88	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

77

	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C						
Α.	Full Name (Last, First, Middle Initial) Mrs. Carolyn N Curnane Mailing Address 1615 Linda Drive	Mrs. Carolyn N Curnane						
	City	State	Zip Code	12 19 2014 Transaction ID : A2014-2845599				
	West Chester	PA	19380	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		19.24				
	Name of Employer	Occupation	1					
	Select Medical Corporation	Vice Presid	ent (Ex)					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		461.76]				
В.	Full Name (Last, First, Middle Initial) Mr. Brian E Davis	Date of Receipt						
	Mailing Address 1211 High Hollow	12 05 2014						
	City	State	Zip Code	Transaction ID : A2014-2718700				
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer	Occupation	l					
	Select Medical Corporation	Regional Pr	esident (Ex)	_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]				
С.	Full Name (Last, First, Middle Initial) Mr. Brian E Davis			Date of Receipt				
	Mailing Address 1211 High Hollow			12 19 / Y Y Y Y Y 12 19				
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2014-2845600 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	115.25						
	Name of Employer	Occupation	l					
	Select Medical Corporation	Regional P	resident (Ex)					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00					
s	SUBTOTAL of Receipts This Page (optional)		<u>, , , , , , , , , , , , , , , , , , , </u>	249.88				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 20 OF

77

	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C								
Α.	Full Name (Last, First, Middle Initial) Mrs. Lora A Davis Mailing Address 3022 Eagle Point Way City Tallahassee FEC ID number of contributing	State FL	Zip Code 32312	Date of Receipt 12 05 2014 Transaction ID : A2014-2718701 Amount of Each Receipt this Period						
	federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	C Occupation Administrat Aggregate		19.24						
в.	Full Name (Last, First, Middle Initial) Mrs. Lora A Davis Mailing Address 3022 Eagle Point Way	Date of Receipt								
	City Tallahassee FEC ID number of contributing federal political committee.	State FL	Zip Code 32312	Transaction ID : A2014-2845601 Amount of Each Receipt this Period 19.00						
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation Administrate Aggregate								
C.	Full Name (Last, First, Middle Initial) Mrs. Teresa L Davis Mailing Address 1019 Deerfield Road	Date of Receipt								
	City Richmond FEC ID number of contributing federal political committee.	State TX	Zip Code 77406	Transaction ID : A2014-2718702 Amount of Each Receipt this Period 115.39						
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation Vice Presid Aggregate								
s	UBTOTAL of Receipts This Page (optional)		•••••	153.63						

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 21 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC		
Full Name (Last, First, Middle Initial) Mrs. Teresa L Davis Mailing Address 1019 Deerfield Road City Richmond FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TX C Occupation Vice Presid Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Mrs. Stefanie A Dean Mailing Address 6421 Farmcrest Lane	Date of Receipt		
City Harrisburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17111	12 05 2014 Transaction ID : A2014-2718703 Amount of Each Receipt this Period 76.93
Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation Vice Preside Aggregate]
C. Hull Name (Last, First, Middle Initial) Mrs. Stefanie A Dean Mailing Address 6421 Farmcrest Lane			Date of Receipt
City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occupation Vice Presid Aggregate		M M Y
SUBTOTAL of Receipts This Page (optional	al)		268.93

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

FEC Schedule A (Form 3X) Rev. 02/2003

10

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

77

	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C									
A.	Full Name (Last, First, Middle Initial) Mrs. Miriam R Deemer Mailing Address 700 Trombley City Grosse Pointe Park FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation	State MI C Occupation Administrat		Date of Receipt							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00]							
В.	Full Name (Last, First, Middle Initial) Mrs. Miriam R Deemer Mailing Address 700 Trombley	Date of Receipt									
	City Grosse Pointe Park FEC ID number of contributing federal political committee.	State MI	Zip Code 48230	Transaction ID : A2014-2845604 Amount of Each Receipt this Period 19.00							
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation Administrate									
c.	Full Name (Last, First, Middle Initial) Mr. Anthony F DeFelice Mailing Address 20 Blue Ribbon Drive	Date of Receipt									
	City Elizabethtown FEC ID number of contributing federal political committee.	State PA	Zip Code 17022	12 05 2014 Transaction ID : A2014-2718705 Amount of Each Receipt this Period 76.93							
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation Administrat									
s	UBTOTAL of Receipts This Page (optional)			115.17							

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 23 OF

77

	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C						
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony F DeFelice Mailing Address 20 Blue Ribbon Drive	Date of Receipt						
	City Elizabethtown	State PA	Transaction ID : A2014-2845605 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.93				
	Name of Employer	Occupation						
	Select Medical Corporation Receipt For:	Administrat	(),	_				
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		1769.39					
в.	Full Name (Last, First, Middle Initial) Mr. David J DeGumbia	Date of Receipt						
	Mailing Address 383 Pattonwood Dr	12 05 2014						
	City	State	Zip Code	Transaction ID : A2014-2718706				
	Southington	СТ	06489	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer	Occupation	_					
	Select Medical Corporation	Senior Vice	President (Ex)					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		2884.75					
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. David J DeGumbia			Date of Receipt				
	Mailing Address 383 Pattonwood Dr			12 19 / Y Y Y Y 12 19 2014				
	City Southington	State CT	Zip Code 06489	Transaction ID : A2014-2845606				
	5	01	00405	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.25				
	Name of Employer	Occupation						
	Select Medical Corporation	Senior Vice	President (Ex)	_				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00						
s	UBTOTAL of Receipts This Page (optional)			307.57				

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

10

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

77

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation I	PAC		
Full Name (Last, First, Middle Initial) A. Mr. Philip J Driscoll Mailing Address 38 Van Doren Way City Belle Mead FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State NJ C Occupation Administrat Aggregate		Date of Receipt
B. Full Name (Last, First, Middle Initial) Mr. Philip J Driscoll Mailing Address 38 Van Doren Way City	State	Zip Code	Date of Receipt 12 19 2014 Transaction ID : A2014-2845607
Belle Mead FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation	NJ C Occupation		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Administrate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Mrs. Cherie J Elledge			Date of Receipt
Mailing Address 1838 Red Spruce Lane			M M / D D / Y Y Y Y Y 12 05 2014
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2014-2718708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer Select Medical Corporation	Occupation Senior Vice	President (Ex)	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00]
SUBTOTAL of Receipts This Page (optiona	ıl))	57.48

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 25 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)												
Α.	Full Name (Last, First, Middle Initial) Mrs. Cherie J Elledge Mailing Address 1838 Red Spruce Lane				Date of Receipt									
	City Mechanicsburg	State PA	Zip Code 17050) : A2014-2 Receipt tl						
	FEC ID number of contributing federal political committee.	С					,			9.00				
	Name of Employer Select Medical Corporation	Occupation Senior Vice	President (Ex)											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
в.	Full Name (Last, First, Middle Initial) Mr. David D Engelhardt						Date of Receipt							
	Mailing Address 2772 Irene Circle		7.0.1		м м 12	/	- 05		2014	Y				
	City Roseville	State MN	Zip Code 55113					: A2014-2						
	FEC ID number of contributing federal political committee.	С			Amoun	IT OT	Eacn	Receipt tl		a 9.24				
	Name of Employer Select Medical Corporation	Occupation Vice Preside												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00											
с.	Full Name (Last, First, Middle Initial) Mr. David D Engelhardt			[Date o	f Re	ceipt							
	Mailing Address 2772 Irene Circle				M = M / D = D / Y = Y = Y = Y 12 19 2014									
	City Roseville	State MN	Zip Code 55113					: A2014-2 Receipt tl		d				
	FEC ID number of contributing federal political committee.	С					7		1	9.00				
	Name of Employer													
	Select Medical Corporation													
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00											
s	UBTOTAL of Receipts This Page (optional)						5		5	7.24				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 26 OF

77

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Select Medical Corporation	State Zip Code PA 17013 C C Dccupation /ice President (Ex) Aggregate Year-to-Date ▼ 230.88	Date of Receipt
Select Medical Corporation	State Zip Code PA 17013 C C Dccupation /ice President (Ex) Aggregate Year-to-Date ▼ 250.12	Date of Receipt
Select Medical Corporation	State Zip Code MO 63026 C Occupation Description C Chief Operating Officer (Ex) 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)......

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 27 OF

77

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PAG	С		
Full Name (Last, First, Middle Initial) Ms. Patti Finnegan Mailing Address 939 Arlington Glen Drive City Fenton FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	-	Zip Code 63026 ating Officer (Ex) Year-to-Date ▼ 500.00	Date of Receipt 12 19 2014 Transaction ID : A2014-2845611 Amount of Each Receipt this Period 19.00
Full Name (Last, First, Middle Initial) Bruce Gans Mailing Address Six Amherst Road City Chatham FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 07928 Cal Officer (Ex) Year-to-Date ▼ 2884.75	Date of Receipt
Full Name (Last, First, Middle Initial) Bruce Gans Mailing Address Six Amherst Road City Chatham FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 07928 1 cal Officer (Ex) Year-to-Date ▼ 3000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		••••••	249.64

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 28 OF

77

		Detailed Summary Page	11a 13		11b 14	11c		12 16	17	7
Any information copied from such Reports and or for commercial purposes, other than using			for the		pose o	f soliciting	g cont	tributi	ions	
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC									
Full Name (Last, First, Middle Initial) Mr. Scott A Gardner Mailing Address 611 Fairground Road City Newport FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Occupation Vice Presid Aggregate			/ acti	05			14 13	24	
Full Name (Last, First, Middle Initial) Mr. Scott A Gardner Mailing Address 611 Fairground Road City Newport FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Occupation Vice Preside Aggregate			/ acti	19 0n ID :			13	24	
Full Name (Last, First, Middle Initial) Mr. Peter J Gillard Mailing Address 1001 Madera Court City Allen FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State TX C Occupation Vice Presid Aggregate			/ sacti	28 ion ID		201 27398	571	24	
SUBTOTAL of Receipts This Page (optional)					,			57.7	72	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 29 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
				erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C							
Α.	Full Name (Last, First, Middle Initial) Mr. Peter J Gillard Mailing Address 1001 Madera Court			Date of Receipt					
	City	State	Zip Code	Transaction ID : A2014-2739034					
	Allen	ТХ	75013	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation							
	Select Medical Corporation	Vice Presid	ent (Ex)						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		442.52	1					
	Other (specify)		442.52	1					
в.	Full Name (Last, First, Middle Initial) Mr. Peter J Gillard	Date of Receipt							
	Mailing Address 1001 Madera Court		M M / D D / Y Y Y Y 12 26 2014						
	City	State	Zip Code	Transaction ID : A2014-2845677					
	Allen	TX	75013	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation	 						
	Select Medical Corporation	Vice Presid	ent (Ex)						
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General Other (specify) ▼		461.76	1					
С.	Full Name (Last, First, Middle Initial) Mr. David L Goodson	1		Date of Receipt					
	Mailing Address 1059 Lionsgate Lane	12 05 / Y Y Y Y Y 12 12 12 105 2014							
	City	State	Zip Code	Transaction ID : A2014-2718714					
	Gulf Breeze	FL	32563	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		19.24						
	Name of Employer	Occupation							
	Select Medical Corporation								
	Receipt For:	Aggregate							
	Primary General Other (specify) ▼		481.00	1					
s	UBTOTAL of Receipts This Page (optional)			57.72					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 30 OF

77

	EWIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	_		
					13		14	15		16	17		
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson f to so	or the licit co	pur ntrib	pose o outions	f soliciting from suc	g co h co	ntribut mmitte	ons e.		
	NAME OF COMMITTEE (In Full)												
	Select Medical Corporation PAC												
Α.	Full Name (Last, First, Middle Initial) Mr. David L Goodson				Date of	Re	eceipt						
	Mailing Address 1059 Lionsgate Lane				^M ■ M	1	D 19			014	Y		
	City	State	Zip Code		Trans	acti		: A2014-2					
	Gulf Breeze	FL	32563		Amount	t of	Each I	Receipt th	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С					,		_	19.	00		
	Name of Employer	Occupation											
	Select Medical Corporation	Administrate	or (Ex)										
	Receipt For:		Year-to-Date ▼										
	Primary General	, iggi oguto											
	Other (specify)		500.00										
B.	Full Name (Last, First, Middle Initial) Mr. Antony M Grigonis				Date of	Re	eceipt						
	Mailing Address 1636 Lowell Lane				м м 12	1	05		2()14	Y		
	City	State	Zip Code	- '	Transaction ID : A2014-2718715								
	New Cumberland	PA	17070		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					,		_	76.	93		
	Name of Employer	Occupation		\neg									
	Select Medical Corporation	Vice Preside	ent (Ex)										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify) v		1307.81										
C.	Full Name (Last, First, Middle Initial) Mr. Antony M Grigonis				Date of	Re	eceipt						
	Mailing Address 1636 Lowell Lane				м м 12	/	19			ү 014	Y		
	City	State	Zip Code		Trans	act	ion ID	: A2014-2	2845	615			
	New Cumberland	PA	17070	_ /	Amount	t of	Each I	Receipt th	nis F	'eriod			
	FEC ID number of contributing federal political committee.	С					, .		_	76.	93		
	Name of Employer	Occupation											
	Select Medical Corporation	Vice Presid	ent (Ex)										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		4004.74										
	Other (specify)		1384.74										
s	UBTOTAL of Receipts This Page (optional)			•			7			172.8	36		
_													

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

77

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Full Name (Last, First, Middle Initial) A. Doctor Samuel I Hammerman Mailing Address 239 Butler Street City State Kingston PA FEC ID number of contributing federal political committee. C	Zip Code 18704	Date of Receipt 12 05 2014 Transaction ID : A2014-2718716 Amount of Each Receipt this Period 115.39
Receipt For: Aggregative Primary General Other (specify) ▼	tion edical Officer (Ex) ate Year-to-Date ▼ 2423.19	
Full Name (Last, First, Middle Initial) B. Doctor Samuel I Hammerman Mailing Address 239 Butler Street		Date of Receipt
CityStateKingstonPAFEC ID number of contributing federal political committee.C	Zip Code 18704	Transaction ID : A2014-2845616 Amount of Each Receipt this Period 115.39
Possint For:	tion edical Officer (Ex) ate Year-to-Date ▼ 2538.58	
Full Name (Last, First, Middle Initial) C. <u>Mrs. Barbara E Hannan</u> Mailing Address 83 Krattiger Court		Date of Receipt
City State West Milford NJ FEC ID number of contributing federal political committee. C Name of Employer Occupation Adminis Select Medical Corporation Adminis	Zip Code 07480 tion trator (Ex) ate Year-to-Date ▼ 1923.25	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).....

18

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)							
Α.	Full Name (Last, First, Middle Initial) Mrs. Barbara E Hannan Mailing Address 83 Krattiger Court			Date of Receipt					
	City	State	Zip Code	12 19 2014 Transaction ID : A2014-2845617					
	West Milford	NJ	07480	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.75					
	Name of Employer	Occupation							
	Select Medical Corporation	Administrat	or (Ex)						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		2000.00						
в.	Full Name (Last, First, Middle Initial) Ms. Robin Hedeman			Date of Receipt					
	Mailing Address 15 W Main St PO 194			12 05 2014					
	City	State	Zip Code	Transaction ID : A2014-2718718					
	Brookside	NJ	07926	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation							
	Select Medical Corporation	Vice Presid	ent (Ex)						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		404.04						
с.	Full Name (Last, First, Middle Initial) Ms. Robin Hedeman			Date of Receipt					
	Mailing Address 15 W Main St PO 194	12 19 / Y Y Y Y Y 12 19							
	City	State	Zip Code	Transaction ID : A2014-2845618					
	Brookside	NJ	07926	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		19.24						
	Name of Employer	Occupation							
	Select Medical Corporation								
	Receipt For:	Aggregate							
	Primary General Other (specify) ▼								
s	UBTOTAL of Receipts This Page (optional)		▶	115.23					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

77

····			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17					
	/ information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)								
Α.	Full Name (Last, First, Middle Initial) Mr. David J Huffman Mailing Address 2915 Arcona Road			Date of Receipt	Y					
	City Mechanicsburg	State PA	Zip Code 17055	12 05 2014 Transaction ID : A2014-2718719 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19	.24					
	Name of Employer Select Medical Corporation	Occupation Vice Presid		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.60							
	Full Name (Last, First, Middle Initial) Mr. David J Huffman	Date of Receipt								
	Mailing Address 2915 Arcona Road		12 19 / Y Y Y Y 12 19 2014							
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2014-2845619 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			.24					
:	Name of Employer Select Medical Corporation	Occupation Vice Preside								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.84							
	Full Name (Last, First, Middle Initial) Ms. Stephanie R James			Date of Receipt						
	Mailing Address 740 Parkins Mill Rd.			12 D D / Y Y Y Y 12 05 2014	Y					
	City Greenville	State SC	Zip Code 29607	Transaction ID : A2014-2718720 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19	.24					
	Name of Employer	Occupation		_						
	Select Medical Corporation Receipt For:	or (Ex)								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 404.04							
sı	JBTOTAL of Receipts This Page (optional)			57.	72					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

77

	Detailed Summary Page								
Any information copied from such Report or for commercial purposes, other than	I ts and Statements may not be sold or used by using the name and address of any political com	13 14 15 16 17 any person for the purpose of soliciting contributions numitee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Select Medical Corporation	on PAC								
A. Full Name (Last, First, Middle Initial) Ms. Stephanie R James Mailing Address 740 Parkins Mill Rd.		Date of Receipt							
City	<u> </u>								
Greenville	Transaction ID : A2014-2845620								
FEC ID number of contributing federal political committee.	SC 29607	Amount of Each Receipt this Period							
Name of Employer	Occupation								
Select Medical Corporation									
Receipt For:									
Primary General	Aggregate Year-to-Date ▼								
Other (specify)	423.2	28							
Full Name (Last, First, Middle Initial) B. Ms. Anne E Jurenec		Date of Receipt							
Mailing Address 12140 N. River Rd.	12 05 2014								
City	State Zip Code	Transaction ID : A2014-2718721							
Mequon	WI 53092	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	19.24							
Name of Employer	Occupation								
Select Medical Corporation	Administrator (Ex)								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 481.0)0							
Full Name (Last, First, Middle Initial) C. Ms. Anne E Jurenec		Date of Receipt							
Mailing Address 12140 N. River Rd.		M M / D D / Y Y Y Y 12 19 2014							
City	State Zip Code	Transaction ID : A2014-2845621							
Mequon	WI 53092	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	19.00								
Name of Employer									
Select Medical Corporation	Administrator (Ex)								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00							
SUBTOTAL of Receipts This Page (op	ional)	57.48							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 35 OF

77

			Detailed Summary Pa			11a 13		11b 14	11c		12	□ 4 ¬	7
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose o					
\rangle	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;											
Α.	Full Name (Last, First, Middle Initial) Mr. David F Key Mailing Address 1286 Brayshore Drive					Date o	_	eceipt 05)14	Ŷ	
	Collierville	State TN	Zip Code 38017						: A2014-2 Receipt th				
	FEC ID number of contributing federal political committee.	С						7		-	76.	93	
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	0	esident (Ex) Year-to-Date ▼ 192	23.25									
В.	Full Name (Last, First, Middle Initial) Mr. David F Key Mailing Address 1286 Brayshore Drive				_	Date o	_	eceipt		20	Y 914	Y	
	City Collierville FEC ID number of contributing	State TN	Zip Code 38017	_		Trans		ion ID :	, : A2014-2 Receipt th	8456	622	_	
	federal political committee. Name of Employer Select Medical Corporation	C Occupation Regional Pr	esident (Ex)					7	- T-		76.7	75	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000	0.00									
C.	Full Name (Last, First, Middle Initial) Mrs. Peggy L Kingston					Date o	f Re	eceipt					
	Mailing Address 228 Brewster	State	Zip Code		_	12 Trans		05		20)14 723	Y	
	Rochester Hills	MI	48309						Receipt th				l
	FEC ID number of contributing federal political committee.	С				Li		7		_	19.	24	
	Name of Employer Select Medical Corporation Receipt For:	Occupation Administrate											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 48	31.00									
s	UBTOTAL of Receipts This Page (optional)							7		_	172.9	92	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC		
Full Name (Last, First, Middle Initial) Mrs. Peggy L Kingston Mailing Address 228 Brewster City Rochester Hills FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General	State MI C Occupation Administrat Aggregate	or (Ex) Year-to-Date ▼	Date of Receipt 12 19 2014 Transaction ID : A2014-2845623 Amount of Each Receipt this Period 19.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Kristofer C Kitzke Mailing Address 873 Winterfields Drive City	State	Zip Code	Date of Receipt 12 05 2014 Transaction ID : A2014-2718724
Cordova FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	TN C Occupation Administrate Aggregate		Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mr. Kristofer C Kitzke Mailing Address 873 Winterfields Drive City Cordova FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TN C Occupation Administrat Aggregate		Date of Receipt 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 num	ber only)	•••••••••••••••••••••••••••••••••••••••	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 37 OF

77

		Detailed Summary Page		< 11a		11b	11c			1 -7			
Any information copied from such Reports a	and Statements ma	I ay not be sold or used by any p	erson	13 for the	pur	14 pose of	15 soliciting	g contri	ibutio	0ns			
or for commercial purposes, other than usir	ig the name and a	ddress of any political committee	e to se	olicit coi	ntrib	utions fr	om such	1 comr	nitte	e.			
NAME OF COMMITTEE (In Full)													
Select Medical Corporation	PAC												
Full Name (Last, First, Middle Initial)				_									
A. Ms. Wilma D Knight			_	Date of	f Re	ceipt							
Mailing Address 5167 Carlson Dairy Roa	d			M M / D D / Y Y Y Y Y 12 05 2014									
City	State	Zip Code	Transaction ID : A2014-2718725										
Summerfield	NC	27358				Each Re							
FEC ID number of contributing federal political committee.	С					3	7	_	19.2	24			
Name of Employer	Occupation	1	_										
Select Medical Corporation	Administrat	or (Ex)											
Receipt For:	Aggregate	Year-to-Date V											
Primary General		101.00	11.										
Other (specify)		481.00	4										
Full Name (Last, First, Middle Initial)													
B. Ms. Wilma D Knight				Date of	f Re	ceipt							
Mailing Address 5167 Carlson Dairy Road	ł			12 19 2014									
City	State	Zip Code		Transaction ID : A2014-2845625									
Summerfield	NC	27358				Each Re							
FEC ID number of contributing federal political committee.	C						7	_	19.0	00			
Name of Employer	Occupation	1	_										
Select Medical Corporation	Administrat	or (Ex)											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			11.										
Other (specify)		, 500.00	4										
Full Name (Last, First, Middle Initial) C. Mrs. Laurie Kozorosky				Date of	f Re	ceipt							
Mailing Address 730 North Marian Street				M M 12	/	05	/ Y	y 2014		Y			
City	State	Zip Code		Trans	act	ion ID : /	A2014-2	71872	6				
Ebensburg	PA	15931		Amount	t of	Each Re	eceipt th	is Peri	iod				
FEC ID number of contributing	С								19.2	24			
federal political committee.	U				-	7	7	-	19.2	24			
Name of Employer	Name of Employer Occupation												
Select Medical Corporation	Administrat	tor (Ex)											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		423.28	1 -										
Other (specify)		423.20											
				_	-				_	_			
SUBTOTAL of Receipts This Page (option	al)			<u> </u>	-	7	7		57.4	-8			

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

FEC Schedule A (Form 3X) Rev. 02/2003

100

- J -

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 38 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	111	о 🗌	11c	12	17				
	ny information copied from such Reports and for commercial purposes, other than using the				or the	purpose		soliciting	contribu	itions				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA													
Α.	Full Name (Last, First, Middle Initial) Mrs. Laurie Kozorosky Mailing Address 730 North Marian Street				M M	f Receip	D	/ Y	2014	Y				
	CityStateZip CodeEbensburgPA15931						12 19 2014 Transaction ID : A2014-2845626 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С								9.24				
	Name of Employer Select Medical Corporation Receipt For: Primary General	Occupation Administrat Aggregate												
	Other (specify)		442.52											
В.	Full Name (Last, First, Middle Initial) Mr. Aleksey N Kurmakov Mailing Address 2413 Toftree Drive				Date of	f Receip		/ Y	YY	Y				
	City	State	Zip Code		12 05 2014 Transaction ID : A2014-2718727									
	Harrisburg FEC ID number of contributing federal political committee.	C	17112	/	Amoun	t of Eac	ch Re	ceipt thi	is Period 76	5.93				
	Name of Employer Select Medical Corporation	Occupation Vice Presid												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.25											
с.	Full Name (Last, First, Middle Initial) Mr. Aleksey N Kurmakov				Date of	f Receip	pt							
	Mailing Address 2413 Toftree Drive				м м 12	/ D	19	/ Y	ү 2014	Y				
	City Harrisburg	State PA	Zip Code 17112					2014-2	845627 is Period					
	FEC ID number of contributing federal political committee.	С						,	76	6.75				
	Name of Employer Select Medical Corporation	Occupation Vice Presid												
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00]										
5	UBTOTAL of Receipts This Page (optional)							7	172	.92				

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 39 OF

77

ITEMIZED RECEIPTS			for each catego Detailed Summ		×	11a 13		11b 14	11c	12		17
	ny information copied from such Reports and Sta for commercial purposes, other than using the											
$\Big\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,										
Α.	Full Name (Last, First, Middle Initial) Mr. Bernard Lewandowski Mailing Address 26 Joseph Drive City Boiling Springs FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA Occupation Vice Presid Aggregate		404.04			/ sacti	05 on ID :			4 8]
в.	Full Name (Last, First, Middle Initial) Mr. Bernard Lewandowski Mailing Address 26 Joseph Drive City Boiling Springs FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occupation Vice Preside Aggregate		423.28			/ acti	19 on ID :			3]
C.	Full Name (Last, First, Middle Initial) Ms. Lauren B Lindley Mailing Address 36 Indian Bayou Drive City Destin FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 32541 lent of Operations (Year-to-Date ▼	(Ex) 461.76			/ sacti	28 ion ID	A2014-2 Receipt th	2014 7 3987	3	4
	UBTOTAL of Receipts This Page (optional)						-	7			57.72	_
Т	OTAL This Period (last page this line number o	nly)		•••••• •		_		7		والمحاط		

Use separate schedule(s) for each category of the

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PAGE 40 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Destin FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Via	State Zip Code FL 32541 C C C C C C C C C C C C C	Date of Receipt
Destin FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Vic	State Zip Code FL 32541 C C C C C C C C C C C C C	Date of Receipt
Hummelstown FEC ID number of contributing federal political committee. Name of Employer Octoor Select Medical Corporation Setect Medical Corporation	State Zip Code PA 17036 C C C C C C C C C C C C C C C C C C C	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	115.17

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 41 OF

77

ш —	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C									
Full Name (Last, First, Middle Initial) A. Mrs. Adriane L Lutes Mailing Address 2371 Pullman Way		rs. Adriane L Lutes									
	City Hummelstown	State PA	Zip Code 17036	12 19 2014 Transaction ID : A2014-2845629 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer Select Medical Corporation Receipt For: Primary General		President (Ex) Year-to-Date ▼								
	Other (specify)										
В.	Full Name (Last, First, Middle Initial) Mr. Michael F Malatesta			Date of Receipt							
	Mailing Address 4145 Serenity Street	12 05 2014									
	City	State	Zip Code	Transaction ID : A2014-2718730							
	Schwenksville FEC ID number of contributing federal political committee.	C	19473	Amount of Each Receipt this Period							
	Name of Employer Select Medical Corporation	Occupation Vice Preside		_							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1923.10								
с.	Full Name (Last, First, Middle Initial) Mr. Michael F Malatesta			Date of Receipt							
	Mailing Address 4145 Serenity Street	12 19 _2014 _									
	City Schwenksville	State PA	Zip Code 19473	Transaction ID : A2014-2845630 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.38							
	Name of Employer										
	Select Medical Corporation	Vice Presid									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2038.48								
s	SUBTOTAL of Receipts This Page (optional)		• • • • • • •	307.69							

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 42 OF

77

TEMIZED RECEIPTS	Detailed Summary		×	-	\vdash	11b	11c	12		٦
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used name and address of any political	d by any pe I committee	rson f to so	13 or the licit cor	purp	14 ose of utions	15 f soliciting from sucl	16 g contrib h comm	ution ittee.	17 IS
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Full Name (Last, First, Middle Initial) Mr. Brian Mann Mailing Address 1060 Trevorton Road City Coal Township FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17866 C Occupation Administrator (Ex) Aggregate Year-to-Date ▼	404.04			/	05 05		nis Perio		
Full Name (Last, First, Middle Initial) Mr. Brian Mann Mailing Address 1060 Trevorton Road City Coal Township FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17866 C Occupation Administrator (Ex) Aggregate Year-to-Date ▼	423.28			/ actic	19 0n ID :		nis Perio	9.24	
Full Name (Last, First, Middle Initial) Mr. Christopher L Marshall Mailing Address 4966 Cline Hollow Road City Export FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code PA 15632 C Occupation Officer (Ex) Aggregate Year-to-Date ▼	404.04			/	05 05		nis Perio		
SUBTOTAL of Receipts This Page (optional)		····· ►				,		5	7.72	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 43 OF

77

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b	11c	12					
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		irpose c							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA													
A. Full Name (Last, First, Middle Initial) Mr. Christopher L Marshall Mailing Address 4966 Cline Hollow Road					M		leceipt		Y Y	Y				
	City Export	State PA	i				12 19 2014 Transaction ID : A2014-2845632 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					7			9.24				
	Name of Employer Select Medical Corporation	Occupation Officer (Ex)												
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 423.28													
B.	Full Name (Last, First, Middle Initial) Mr. Anthony J Martino				Date c	of F	leceipt							
	Mailing Address 2421 W Barbie Lane						/ D 0		2014	Y				
	City	State	Zip Code					: A2014-2						
	Phoenix	AZ	85085	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				_	7		1	9.24				
	Name of Employer Select Medical Corporation	Occupation Administrate												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 404.04	1										
<u></u> с.	Full Name (Last, First, Middle Initial) Mr. Anthony J Martino				Date c	of F	leceipt							
	Mailing Address 2421 W Barbie Lane				^M 12	И	/ D		2014	Y				
	City Phoenix	State AZ	Zip Code 85085	_				: A2014-2 Receipt th		d				
	FEC ID number of contributing federal political committee.	С					,			9.24				
	Name of Employer	Occupation	l											
	Select Medical Corporation	Administrat	or (Ex)											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.28]										
5	UBTOTAL of Receipts This Page (optional)						7		5	7.72				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٨C								
Α.	Full Name (Last, First, Middle Initial) Mrs. Debora A Martoccio Mailing Address 4511 Gulfwinds Drive			Date of Receipt						
	City Lutz	12 05 2014 Transaction ID : A2014-2718734 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer Select Medical Corporation	Occupation Administrat								
	Receipt For: Primary General Other (specify) ▼]								
в.	Full Name (Last, First, Middle Initial) Mrs. Debora A Martoccio			Date of Receipt						
	Mailing Address 4511 Gulfwinds Drive	12 19 / Y Y Y Y Y 12 19								
	City	State FL	Zip Code	Transaction ID : A2014-2845634						
	Lutz FEC ID number of contributing federal political committee.	C	33558	Amount of Each Receipt this Period						
	Name of Employer Select Medical Corporation	Occupatior Administrat								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.28]						
<u></u> .	Full Name (Last, First, Middle Initial) Mr. Michael H McAlister			Date of Receipt						
	Mailing Address 5950 Fishing Creek Road			M = M / D = D / Y = Y = Y = Y 12 05 2014						
	City Nolensville	State TN	Zip Code 37135	Transaction ID : A2014-2718735 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer	of Employer Occupation								
	Select Medical Corporation	Administra	tor (Ex)							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.28]						
s	UBTOTAL of Receipts This Page (optional)			57.72						

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

77

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12	· -		
	ny information copied from such Reports an for commercial purposes, other than using											
	NAME OF COMMITTEE (In Full) Select Medical Corporation P											
Α.	Full Name (Last, First, Middle Initial) Mr. Michael H McAlister Mailing Address 5950 Fishing Creek Road				Date o		eceipt	D / Y	YY	Y		
	City Nolensville	State TN	Zip Code 37135		12 19 2014 Transaction ID : A2014-2845635 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					7			9.24		
	Name of Employer Select Medical Corporation Receipt For:	Occupation Administrat Aggregate										
	Primary General Other (specify) ▼		442.52]								
В.	Full Name (Last, First, Middle Initial) Mr. Michael T McGovern Mailing Address 2452 Club Road						eceipt		Y Y	Y		
	City Columbus	State OH	Zip Code 43221		12 05 2014 Transaction ID : A2014-2718736 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	ributing								5.39		
	Name of Employer Select Medical Corporation	Occupation Senior Vice	President (Ex)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Michael T McGovern				Date o	of Re	eceipt					
	Mailing Address 2452 Club Road						12 19 2014					
	City Columbus	State OH	Zip Code 43221					: A2014-2 Receipt th		d		
	FEC ID number of contributing federal political committee.				7		11	5.25				
	Name of Employer Select Medical Corporation	Occupation Senior Vice	President (Ex)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]								
s	UBTOTAL of Receipts This Page (optional))							249	9.88		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

77

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C								
Α.	Full Name (Last, First, Middle Initial) Ms. Barbara J Mobley Mailing Address 5809 Copper Canyon City	State	Zip Code	Date of Receipt						
	The Colony	Transaction ID : A2014-2718737								
	FEC ID number of contributing federal political committee.	С	75056	Amount of Each Receipt this Period						
	Name of Employer	Occupation		-						
	Select Medical Corporation	Administrat	or (Ex)							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.76							
В.	Full Name (Last, First, Middle Initial) Ms. Barbara J Mobley			Date of Receipt						
	Mailing Address 5809 Copper Canyon		12 19 2014							
	City	State	Zip Code	Transaction ID : A2014-2845637						
	The Colony	ТХ	75056	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer	Occupation		-						
	Select Medical Corporation	Administrate	or (Ex)							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		481.00							
с.	Full Name (Last, First, Middle Initial) Mr. Thomas P Mullin			Date of Receipt						
	Mailing Address 215 St James Court	12 05 2014								
	City	State	Zip Code	Transaction ID : A2014-2718738						
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer	Occupation		1						
	Select Medical Corporation	Administrat	or (Ex)							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼									
s	UBTOTAL of Receipts This Page (optional)			57.72						

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas P Mullin Mailing Address 215 St James Court City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation	State PA C Occupation Administrat		Date of Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.28]
В.	Full Name (Last, First, Middle Initial) Mr. Gregory C Nichols Mailing Address 608 Castlebrook Dr City Prattville FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 36066 f Network Development (E Year-to-Date ▼ 461.76	Date of Receipt
C.	Full Name (Last, First, Middle Initial) Mr. Gregory C Nichols Mailing Address 608 Castlebrook Dr City Prattville FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 36066 f Network Development (E Year-to-Date ▼ 481.00	Date of Receipt
s	UBTOTAL of Receipts This Page (optional)			57.72

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

48 OF

77

X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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) Mr. Gregory C Nichols Α. Date of Receipt Mailing Address 608 Castlebrook Dr M M / 2014 12 26 City State Zip Code Transaction ID : A2014-2845679 Prattville AL 36066 Amount of Each Receipt this Period FEC ID number of contributing С 19.00 federal political committee. Name of Employer Occupation Select Medical Corporation President of Network Development (E Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Sharon A Noro Date of Receipt Mailing Address 24 3rd Street M M 12 05 2014 City State Zip Code Transaction ID : A2014-2718739 PA Aspinwall 15215 Amount of Each Receipt this Period FEC ID number of contributing С 76.93 federal political committee. Name of Employer Occupation Select Medical Corporation Administrator (Ex) Receipt For: Aggregate Year-to-Date ▼ Primarv General 1923.25 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Sharon A Noro Date of Receipt Mailing Address 24 3rd Street M = M / D 12 19 2014 City Zip Code State Transaction ID : A2014-2845639 PA Aspinwall 15215 Amount of Each Receipt this Period FEC ID number of contributing 76.75 С federal political committee. Name of Employer Occupation Select Medical Corporation Administrator (Ex) Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 172.68 SUBTOTAL of Receipts This Page (optional).....

10.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Α.	Full Name (Last, First, Middle Initial) Mr. John F O'Malley Mailing Address 5614 Wembley Court			Date of Receipt
	City	State	Zip Code	Transaction ID : A2014-2718740
	Clarkston	MI	48346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer	Occupation		
	Select Medical Corporation	Administrat	or (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		423.28	1
			/y // /*	1
в.	Full Name (Last, First, Middle Initial) Mr. John F O'Malley			Date of Receipt
	Mailing Address 5614 Wembley Court		12 19 2014	
	City	State MI	Zip Code	Transaction ID : A2014-2845640
	Clarkston	IVII	48346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer	Occupation		
	Select Medical Corporation	Administrate	or (Ex)	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		442.52]
с.	Full Name (Last, First, Middle Initial) Mrs. Sue E Olsen			Date of Receipt
	Mailing Address 3023 Tanglewood Drive			12 17 2014
	City	State FL	Zip Code	Transaction ID : A2014-2739981
	Clearwater	FL.	33761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		3000.00
	Name of Employer	Occupation		
	Select Medical Corporation	President (I	Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		3000.00	1
			7	
s	UBTOTAL of Receipts This Page (optional)			3038.48

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 50 OF

77

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
	ny information copied from such Reports and s for commercial purposes, other than using th				or the		pose o	f soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С								
Α.	Full Name (Last, First, Middle Initial) Mr. Robert A Padalino			[Date o	f Re	eceipt			
	Mailing Address 1470 Torrey	01-1-	7. 0.1		M M		30		2014	Y
	City Grosse Pointe Woods	State MI	Zip Code 48236					: A2014-2 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,		500	00.00
	Name of Employer	Occupation	l							
	Select Medical Corporation	Regional P	resident (Ex)							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00							
В.	Full Name (Last, First, Middle Initial) Mr. Matthew P Pearson				Date o	of Re	eceipt			
	Mailing Address 4514 W 72nd Street		12 05 2014							
	City Prairie Village	State KS	Zip Code 66208					A2014-2 Receipt th		d
	FEC ID number of contributing federal political committee.				,		11	5.39		
	Name of Employer Select Medical Corporation									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Matthew P Pearson			[Date o	of Re	eceipt			
	Mailing Address 4514 W 72nd Street		M M	/	D 19		ү 2014	Y		
	City Prairie Village	State KS	Zip Code 66208	4				: A2014-2 Receipt th		d
	FEC ID number of contributing federal political committee.	C					,		11	5.25
	Name of Employer	Occupation	I	_						
	Select Medical Corporation	Administrat	or (Ex)							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)	L	3000.00							
F	SUBTOTAL of Receipts This Page (optional)			- i			7		523	0.64
1	TOTAL This Period (last page this line number	only)			_		7		_	· · · · ·

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

77

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C					
Α.	Full Name (Last, First, Middle Initial) Mrs. Genise Pedrick Mailing Address 4771 Sweetshade Drive			Date of Receipt			
	City Sarasota	State FL	Zip Code 34241	12 05 2014 Transaction ID : A2014-2718742			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer Select Medical Corporation	Occupation Regional Vi	ice President (Ex)				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00				
в.	Full Name (Last, First, Middle Initial) Mrs. Genise Pedrick			Date of Receipt			
	Mailing Address 4771 Sweetshade Drive	M M / D D / Y Y Y Y 12 19 2014					
	City Sarasota	State FL	Zip Code 34241	Transaction ID : A2014-2845642 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		19.00			
	Name of Employer Select Medical Corporation	Occupation Regional Vi	ce President (Ex)				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Mrs. Lisa J Pettrey			Date of Receipt			
	Mailing Address 5625 Preswick Drive			12 05 2014			
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2014-2718743 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		19.24				
	Name of Employer						
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Administrat	or (Ex) Year-to-Date ▼ 481.00]			
s	UBTOTAL of Receipts This Page (optional)			57.48			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

77

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	11a 13		11b 14		11c 15	12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C									
Α.	Full Name (Last, First, Middle Initial) Mrs. Lisa J Pettrey Mailing Address 5625 Preswick Drive				Date c	_	D	19	/ Y	y y 2014	Y
	City Dublin	State OH	Zip Code 43017	A						845643 iis Perio	d
	FEC ID number of contributing federal political committee.	С					7			1	9.00
	Name of Employer Select Medical Corporation Receipt For:	Occupation Administrate	or (Ex)								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) 3. Mr. Steve C Plumlee						eceipt				
	Mailing Address 12311 Bonnybridge Lane		12 05 / Y Y Y Y Y 12 05								
	City	State TN	-	Transaction ID : A2014-2718744							
	Knoxville FEC ID number of contributing federal political committee.	С		Amour	it of	Each	Re	eceipt th	iis Perioo 1	d 9.24	
	Name of Employer Select Medical Corporation	Occupation Administrate									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Steve C Plumlee				Date c	of Re	eceipt				
	Mailing Address 12311 Bonnybridge Lane		M N 12	/		D 19	/ Y	ү ү 2014	Y		
	City Knoxville	State TN	Zip Code 37922	A						845644 iis Perio	d
	FEC ID number of contributing federal political committee.	C							7	1	9.00
	Name of Employer										
	Select Medical Corporation	Administrat	or (Ex)								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)		•••••				3		- 7	5	7.24

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 53 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
A. Full Name (Last, First, Middle Initial) Mr. Fabian E Polo Mailing Address 4713 Parkhaven Dr. City Garland FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation	State TX C Occupation Chief Opera	Zip Code 75043 ating Officer (Ex)	Date of Receipt 12 05 2014 Transaction ID : A2014-2718745 Amount of Each Receipt this Period 19.24
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 481.00	
Full Name (Last, First, Middle Initial) Mr. Fabian E Polo Mailing Address 4713 Parkhaven Dr. City Garland FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	· ·	Zip Code 75043 ating Officer (Ex) Year-to-Date ▼ 500.00	Date of Receipt 12 19 2014 Transaction ID : A2014-2845645 Amount of Each Receipt this Period 19.00
Full Name (Last, First, Middle Initial) Ms. Budine Pucylowski Mailing Address 140 Old Vineyard Lane City Heath FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)		Zip Code 75032 ent of Business Developm 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).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2							
Α.	Full Name (Last, First, Middle Initial) Ms. Budine Pucylowski Mailing Address 140 Old Vineyard Lane			Date of Receipt					
	City Heath	State TX	Zip Code 75032	Transaction ID : A2014-2845646 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation							
	Select Medical Corporation	Vice Presid	ent of Business Developm						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	404.04							
в.	Full Name (Last, First, Middle Initial) Mr. John C Quinn								
	Mailing Address 381 Longwood Drive	12 05 2014							
	City	State	Zip Code	Transaction ID : A2014-2718747					
	Meridian	MS	39305	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.93					
	Name of Employer Select Medical Corporation	Occupation							
	•	Administrate	or (Ex)						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.25						
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. John C Quinn			Date of Receipt					
	Mailing Address 381 Longwood Drive			12 / D D / Y Y Y Y Y 12 19 2014					
	City Meridian	State MS	Zip Code 39305	Transaction ID : A2014-2845647					
		NIC	39303	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.75					
	Name of Employer	Occupation							
	Select Medical Corporation	Administrat	or (Ex)						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00						
s	UBTOTAL of Receipts This Page (optional)		•	172.92					

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

FEC Schedule A (Form 3X) Rev. 02/2003

100

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 55 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2								
Α.	Full Name (Last, First, Middle Initial) Ms. Chandelle L Rhodes Mailing Address 20528 Lagoona Drive			Date of Receipt						
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2014-2718748 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer	Occupation								
	Select Medical Corporation	Vice Presid	ent (Ex)							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		484.00							
	Other (specify)		481.00							
В.	Full Name (Last, First, Middle Initial) Ms. Chandelle L Rhodes	Date of Receipt								
	Mailing Address 20528 Lagoona Drive	12 19 Y Y Y Y 12 19								
	City	State	Zip Code	Transaction ID : A2014-2845648						
	Cornelius	NC	28031	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.00						
	Name of Employer	Occupation								
	Select Medical Corporation	Vice Presid	ent (Ex)							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
c.	Full Name (Last, First, Middle Initial) Mr. Curtis L Roberts			Date of Receipt						
	Mailing Address 1909 Byrnes Road			12 05 / Y Y Y Y Y 12 05						
	City	State	Zip Code	Transaction ID : A2014-2718749						
	North Augusta	SC	29841	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer	Occupation								
	Select Medical Corporation	Administrat	or (Ex)							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00							
s	UBTOTAL of Receipts This Page (optional)		•	57.48						

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

FEC Schedule A (Form 3X) Rev. 02/2003

100

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

77

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2							
Α.	Mailing Address 1909 Byrnes Road			Date of Receipt					
	City North Augusta	State SC	Zip Code 29841	Transaction ID : A2014-2845649 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.00					
	Name of Employer Select Medical Corporation Receipt For:	Occupation Administrate		_					
	Primary General Other (specify)	Aggregate	500.00						
В.	Full Name (Last, First, Middle Initial) Doctor Jason Rubel			Date of Receipt					
	Mailing Address 2027 Sun Flower Ct.	11 28 2014							
	City	State	Zip Code	Transaction ID : A2014-2739875					
	Chesterfield	MO	63017	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer Select Medical Corporation	Occupation Vice Preside		_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.76						
с.	Full Name (Last, First, Middle Initial) Doctor Jason Rubel			Date of Receipt					
	Mailing Address 2027 Sun Flower Ct.	M M / D D / Y Y Y Y 12 12 2014							
	City Chesterfield	State MO	Zip Code 63017	Transaction ID : A2014-2739038 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation							
	Select Medical Corporation	Vice Presid	ent (Ex)						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 481.00						
s	SUBTOTAL of Receipts This Page (optional)		······	57.48					

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 57 OF

77

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C						
Α.	Full Name (Last, First, Middle Initial) Doctor Jason Rubel Mailing Address 2027 Sun Flower Ct.			Date of Receipt				
	City Chesterfield	Transaction ID : A2014-2845680 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.00				
	Name of Employer Select Medical Corporation Receipt For:	Occupation Vice Presid	ent (Ex)					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
В.	Full Name (Last, First, Middle Initial) Mr. Brian R Rusignuolo			Date of Receipt				
	Mailing Address 1339 Sconsett Way	12 05 2014						
	City	State	Zip Code	Transaction ID : A2014-2718750				
	New Cumberland	PA	17070	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.38				
	Name of Employer Select Medical Corporation	Occupation Senior Vice	President (Ex)	_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2384.65					
с.	Full Name (Last, First, Middle Initial) Mr. Brian R Rusignuolo			Date of Receipt				
	Mailing Address 1339 Sconsett Way	12 19 2014						
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2014-2845650 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.38				
	Name of Employer	Occupation	I					
	Select Medical Corporation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.03					
s	UBTOTAL of Receipts This Page (optional)		•••••	249.76				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 58 OF

77

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC		
Full Name (Last, First, Middle Initial) Mr. Jeffrey J Ruskan Mailing Address 304 Beechwood Drive City Richmond FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specific)	State VA C Occupation Vice Presid Aggregate		Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Jeffrey J Ruskan Mailing Address 304 Beechwood Drive City	State	Zip Code	Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845651
Richmond FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	VA C Occupation Vice Presid Aggregate		Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Ms. Beth R Sarfaty Mailing Address 34 Wall Street City West Long Branch FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Zip Code 07764 Svcs & Quality Mgmt (Ex Year-to-Date ▼ 365.56	Date of Receipt 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

77

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation			
Full Name (Last, First, Middle Initial) Ms. Beth R Sarfaty Mailing Address 34 Wall Street City West Long Branch FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	I	Zip Code 07764 Svcs & Quality Mgmt (Ex Year-to-Date ▼ 384.80	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Beth R Sarfaty Mailing Address 34 Wall Street City West Long Branch FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)		Zip Code 07764 Svcs & Quality Mgmt (Ex Year-to-Date ▼ 404.04	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Megan P Schmidt Mailing Address 16 Lake Village Court City Johnson City FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)		Zip Code 37601 resident (Ex) Year-to-Date ▼ 2653.97	Date of Receipt
SUBTOTAL of Receipts This Page (option:	al)		153.87

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 60 OF

77

			Detailed Summary Page	2	< 11a		11b	11c	12	<u> </u>		
An	y information copied from such Reports and S	tatomonte m	w not be sold or used by any m	arson	13 for the		14 19050 of	15 soliciting	16	17 17		
	for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full)											
	Select Medical Corporation PAC)										
Α.	Full Name (Last, First, Middle Initial) Ms. Megan P Schmidt				Date o	of Re	eceipt					
	Mailing Address 16 Lake Village Court						DE) / Ү	Y Y	Y		
	C:t.	Chata	Zin Onde	_	12		19		2014			
	City Johnson City	State TN	Zip Code 37601					A2014-2				
			0.001	_	Amoun	nt of	Each F	Receipt th	is Period			
	FEC ID number of contributing federal political committee.	C			L.		1		115	5.39		
	Name of Employer	Occupation										
	Select Medical Corporation	Regional P	resident (Ex)									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		2769.36									
			1									
B	Full Name (Last, First, Middle Initial) Ms. Linda P Sherman				Date o	of Re	eceipt					
	Mailing Address 2200 SE 45th Street				M M		DD) / Y	Y Y	Y		
							12 05 2014					
	City	State	Zip Code		Transaction ID : A2014-2718753							
	Торека	KS	66609		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	ů l							19	.24		
	Name of Employer	Occupation		\neg								
	Select Medical Corporation	Administrate	or (Ex)									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		481.00									
	Other (specify)											
с.	Full Name (Last, First, Middle Initial) Mrs. Gloria J Skinner				Date o	of Re	eceipt					
	Mailing Address 1685 North 700 West						05		ү ү 2014	Y		
	City	State	Zip Code		Tran	sact	tion ID :	A2014-2	718755			
	Columbus	IN	47201		Amoun	nt of	Each F	Receipt th	is Period			
	FEC ID number of contributing federal political committee.				7		19	9.24				
	Name of Employer	\neg										
	Select Medical Corporation											
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		404.04									
	Other (specify)											
					_	-				_		
s	UBTOTAL of Receipts This Page (optional)			•	L.		7		153	.87		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

77

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	NC	
Full Name (Last, First, Middle Initial) A. Mrs. Gloria J Skinner Mailing Address 1685 North 700 West City Columbus FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (anacity)	State Zip Code IN 47201 C Occupation Chief Nursing Officer (Ex) Aggregate Year-to-Date ▼ 423.28	Date of Receipt 12 19 2014 Transaction ID : A2014-2845654 Amount of Each Receipt this Period 19.24
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Jon C Skinner Mailing Address 2524 Matterhorn Ln City	State Zip Code	Date of Receipt
Flower Mound FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation	TX 75022-7879 C Occupation	Transaction ID : A2014-2718754 Amount of Each Receipt this Period 76.93
Receipt For: Primary General Other (specify)	Vice President (Ex) Aggregate Year-to-Date ▼ 1923.25	
Full Name (Last, First, Middle Initial) Mr. Jon C Skinner Mailing Address 2524 Matterhorn Ln City Flower Mound FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General	State Zip Code TX 75022-7879 C Occupation Vice President (Ex) Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 12 19 2014 Transaction ID : A2014-2845653 Amount of Each Receipt this Period 76.75
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	2000.00	172.92

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 62 OF

77

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C							
Α.	Full Name (Last, First, Middle Initial) Mrs. Jeanne M Slane Mailing Address 6537 Caldecott Drive			Date of Receipt					
	City Naples	12 05 2014 Transaction ID : A2014-2718756 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer Select Medical Corporation	Occupation Vice Presid							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 404.04]					
в.	Full Name (Last, First, Middle Initial) Mrs. Jeanne M Slane	Date of Receipt							
	Mailing Address 6537 Caldecott Drive	12 19 Y Y Y Y 2014							
	City	State FL	Zip Code 34113	Transaction ID : A2014-2845655					
	Naples FEC ID number of contributing federal political committee.	С	34113	Amount of Each Receipt this Period					
	Name of Employer Select Medical Corporation	Occupation Vice Presid							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.28						
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Nigel D Smith	Date of Receipt							
	Mailing Address 9815 Vistadale Dr	12 05 / Y Y Y Y Y 2014							
	City Dallas	State TX	Zip Code 75238-1529	Transaction ID : A2014-2718757 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer	Occupation							
	Select Medical Corporation	Administrat							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00]					
s	UBTOTAL of Receipts This Page (optional)			57.72					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 63 OF

77

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	Statements may not be sold or used by any per ne name and address of any political committee						
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٨C						
Full Name (Last, First, Middle Initial) Mr. Nigel D Smith Mailing Address 9815 Vistadale Dr City Dallas FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation	Mr. Nigel D Smith lailing Address 9815 Vistadale Dr ity State Zip Code Dallas TX 75238-1529 EC ID number of contributing ederal political committee. C C ame of Employer Occupation						
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) Ms. Robin R Smith Mailing Address 21 Bonnywick Drive City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State Zip Code PA 17111 C Occupation Senior Vice President (Ex) Aggregate Year-to-Date ▼ 404.04	Date of Receipt					
Full Name (Last, First, Middle Initial) Ms. Robin R Smith Mailing Address 21 Bonnywick Drive City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State Zip Code PA 17111 C Occupation Senior Vice President (Ex) Aggregate Year-to-Date ▼ 423.28	Date of Receipt 12 19 2014 Transaction ID : A2014-2845657 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 REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 64 OF

77

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
	y information copied from such Reports an for commercial purposes, other than using			for the		oose o	f soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) Select Medical Corporation P			 					
A .	Full Name (Last, First, Middle Initial) Mr. John J St. Leger Mailing Address 634 Blue Ridge Road City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General	State PA C Occupation Administrat Aggregate			sacti	05 on ID		nis Perioo	
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John J St. Leger Mailing Address 634 Blue Ridge Road		1692.46	Date o		ceipt	D / Y	YYY	Y
	City Pittsburgh FEC ID number of contributing federal political committee.	State PA	Zip Code 15239	 12 Trans	sacti) : A2014-2 Receipt th	2014 8 45658 his Period	3.93
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation Administrate Aggregate				g			
c.	Full Name (Last, First, Middle Initial) Mr. Kurt S Streepy Mailing Address 3128 Mattatha Drive City Bloomington FEC ID number of contributing	State	Zip Code 47401		sacti	05			_
	FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	C Occupation Vice Presid Aggregate		L .		g		1	9.24
s	UBTOTAL of Receipts This Page (optional)					7	7	17:	3.10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 65 OF

77

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C					
Α.	Mailing Address 3128 Mattatha Drive		Zip Code	Date of Receipt			
	City Bloomington FEC ID number of contributing	State IN	Transaction ID : A2014-2845659 Amount of Each Receipt this Period				
	federal political committee. Name of Employer	Occupation		19.24			
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice Presid	ent (Ex) Year-to-Date ▼ 461.76]			
В.	Full Name (Last, First, Middle Initial) Mr. Sean A Stricker	Date of Receipt					
	Mailing Address 2835 Elm Tree Park	12 05 2014					
	San Antonio	State TX	Zip Code 78259	Transaction ID : A2014-2718761 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		19.24			
	Name of Employer Select Medical Corporation	Occupation Administrate					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 481.00]			
c.	Full Name (Last, First, Middle Initial) Mr. Sean A Stricker			Date of Receipt			
	Mailing Address 2835 Elm Tree Park	12 / 19 / Y Y Y Y 12					
	City San Antonio	State TX	Zip Code 78259	Transaction ID : A2014-2845660 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		19.00				
	Name of Employer	Occupation	1	-			
	Select Medical Corporation	Administrat	or (Ex)				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]			
s	UBTOTAL of Receipts This Page (optional)			57.48			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 66 OF

77

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC								
A. Full Name (Last, First, Middle Initial) Ms. Connie L Strickland Mailing Address 1104 OakTree Drive	Ms. Connie L Strickland								
City	Transaction ID : A2014-2718762								
Edmond	OK	73025	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		19.24						
Name of Employer	Occupation								
Select Medical Corporation	Administrat	or (Ex)							
Receipt For:	Aggregate	Year-to-Date ▼							
PrimaryGeneralOther (specify)		481.00	1						
Full Name (Last, First, Middle Initial)									
B. Ms. Connie L Strickland			Date of Receipt						
Mailing Address 1104 OakTree Drive	12 19 Y Y Y Y 12 19								
City	State	Zip Code	Transaction ID : A2014-2845661						
Edmond	OK	73025	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		19.00						
Name of Employer	Occupation								
Select Medical Corporation	Administrate	or (Ex)							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		500.00	1						
Other (specify)		, 500.00	1						
C. Full Name (Last, First, Middle Initial)			Date of Receipt						
Mailing Address 115 E. Willow Drive	Mailing Address 115 E. Willow Drive								
City Zanesville	State OH	Zip Code 43701	Transaction ID : A2014-2718763 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		19.24						
Name of Employer	Occupation								
Select Medical Corporation	Administrat	or (Ex)							
Receipt For:									
Primary General Other (specify) v	, iggi ogato	481.00	1						
SUBTOTAL of Receipts This Page (option	nal)		57.48						

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 67 OF

77

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
				erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Select Medical Corporation P.	AC					
Full Name (Last, First, Middle Initial) Mrs. Linda K Supplee Mailing Address 115 E. Willow Drive City Zanesville FEC ID number of contributing		State OH	Zip Code 43701	Date of Receipt M / D / Y			
1	ederal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation Administrat					
В.	Full Name (Last, First, Middle Initial) Mr. Thomas N Theroult Mailing Address 10240 Madison			Date of Receipt			
F f T S	City Omaha FEC ID number of contributing rederal political committee. Name of Employer Select Medical Corporation Receipt For: ☐ Primary	State NE C Occupation Vice Presid Aggregate		Transaction ID : A2014-2718764 Amount of Each Receipt this Period 115.39			
C.	Full Name (Last, First, Middle Initial) Mr. Thomas N Theroult Mailing Address 10240 Madison City Omaha FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State NE C Occupation Vice Presid Aggregate		Date of Receipt 12 19 2014 Transaction ID : A2014-2845663 Amount of Each Receipt this Period 115.39			
su	JBTOTAL of Receipts This Page (optional))	249.78			

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

10

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 68 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		2	17	
	ny information copied from such Reports and s for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С									
Α.	Mailing Address 6840 N. Park Dr.				Date of		eceipt		201		Ŷ
	City North Richland Hills	State TX	Zip Code 76182					: A2014- Receipt t			
	FEC ID number of contributing federal political committee.	С					7	7		19.	24
	Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation Administrate Aggregate		1							
в.	Full Name (Last, First, Middle Initial) Mr. Jeffrey D Thompson Mailing Address 6840 N. Park Dr.				Date o	of Re	D		Ŷ		Y
	City North Richland Hills FEC ID number of contributing	State TX	Zip Code 76182					9 <u>: A2014-2</u> Receipt t		64	00
	federal political committee. Name of Employer Select Medical Corporation Receipt For:	Occupation Administrate	or (Ex)				7				_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
C.	Mailing Address 1558 South Fern Place				Date o		D			Y	Y
	City Broken Arrow	State OK	Zip Code 74012					: A2014-:		66	
	FEC ID number of contributing federal political committee.	С			Amour		Each	Receipt t	nis Pei	76.	93
	Name of Employer Select Medical Corporation	or (Ex)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.25]							
\vdash	CUBTOTAL of Receipts This Page (optional)			-		-	7	- 7	-	115.1	17

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 69 OF

77

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name (Last, First, Middle Initial) Ms. Linda M Tiemens Mailing Address 1558 South Fern Place City	State	Zip Code	Date of Receipt 12 19 2014 Transaction ID : A2014-2845665
Broken Arrow FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	OK C Occupation Administrat Aggregate		Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mr. Remko van der Voordt Mailing Address 253 Lafayette St Unit A			Date of Receipt
City Salem FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary □ General Other (specify) ▼		Zip Code 01970 ice President (Ex) Year-to-Date ▼ 404.04	Transaction ID : A2014-2718767 Amount of Each Receipt this Period 19.24
Full Name (Last, First, Middle Initial) Mr. Remko van der Voordt Mailing Address 253 Lafayette St Unit A City Salem FEC ID number of contributing federal political committee. Name of Employer	State MA C		Date of Receipt 12 19 2014 Transaction ID : A2014-2845666 Amount of Each Receipt this Period 19.24
Select Medical Corporation Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate	ice President (Ex) Year-to-Date ▼ 423.28	. 115.23

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 70 OF

77

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		_		11b	11c		12				
Ar	ny information copied from such Reports and S	tatements ma	y not be sold or used by any p	erson	13 for the	pu	14 rpose c	15 of soliciting		16 htribut	ions			
	for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C												
Α.	Full Name (Last, First, Middle Initial) Loran Vocaturo				Date c	of R	eceipt							
	Mailing Address 18 Richard Road				M N 12	1	05) 14	Y			
	City	State	Zip Code		Tran	sac	tion ID	: A2014-2	27187	768				
	East Brunswick	NJ	08816		Amour	nt of	Each	Receipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С					7	7		19.	.24			
	Name of Employer	Occupation		-										
	Select Medical Corporation	Vice Preside	ent (Ex)											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		404.04	11										
	Other (specify)		404.04	4										
B	Full Name (Last, First, Middle Initial) Loran Vocaturo				Date c	of R	eceint							
	Mailing Address 18 Richard Road				M N			D / Y	Y	Y	Y			
							12 19 _2014 _							
	City	State	Zip Code		Trans	sact	tion ID	: A2014-2	28456	67				
	East Brunswick	NJ	08816	Amount of Each Receipt this Pe										
	FEC ID number of contributing federal political committee.	С			19.24						24			
	Name of Employer	Occupation												
	Select Medical Corporation	Vice Preside	ent (Ex)											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		400.00	11										
	Other (specify)	L	423.28	4										
C.	Full Name (Last, First, Middle Initial) Mr. Timothy C Wadman				Date c	of R	eceipt							
	Mailing Address 204 Babbling Brook Drive				м 12	1	0			Y 14	Y			
	City	State	Zip Code		Tran	sac	tion ID	: A2014-2	27187	769				
	Saint Charles	MO	63303	_	Amour	nt of	Each	Receipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С					7			76	.93			
	Name of Employer	Occupation												
	Select Medical Corporation	Administrate	or (Ex)											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		4000.05											
	Other (specify)		1923.25											
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			5	7	-	115.4	41			

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 71 OF

77

			Detailed Summary Page		K 11a		11b		11c		12				
<u> </u>			, ,		13		14		15		16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)	_													
\backslash	Select Medical Corporation PAC	<u>ز</u>													
Α.	Full Name (Last, First, Middle Initial) Mr. Timothy C Wadman				Date of	f Re	eceipt								
	Mailing Address 204 Babbling Brook Drive				M M	_	D		/ Y	Y	Y	Y			
	City	State	Zip Code	_	12		19)14	_			
	Saint Charles	MO	63303		Transaction ID : A2014-2845668 Amount of Each Receipt this Period										
		_		_	Amoun		Each	nec		5 F	enou	_			
	FEC ID number of contributing federal political committee.	С			L.		7	_	7	_	76	.75			
	Name of Employer	Occupation													
	Select Medical Corporation	Administrat	or (Ex)												
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General		2000.00												
	Other (specify)	cify) ▼ 2000.00													
в.	Full Name (Last, First, Middle Initial) Mr. Robert S Ward				Date of	f Re	eceipt								
	Mailing Address 5707 TPC Parkway Apt 1626				12	/	0		/ Y	ү 20	Y 14	Y			
	City	State	Zip Code		Trans	acti			014-27			_			
	San Antonio TX 78261						Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C						19.24							
	Name of Employer	Occupation													
	Select Medical Corporation	Administrate	or (Ex)												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		481.00												
— c.	Full Name (Last, First, Middle Initial) Mr. Robert S Ward				Date of	f Re	eceipt								
•.	Mailing Address 5707 TPC Parkway Apt 1626				12 ^M	_	1		/ Y	ү 20	14	Y			
	City	State	Zip Code			sact			2014-28						
	San Antonio	ТХ	78261		Amoun	t of	Each	Rec	eipt this	s P	eriod				
FEC ID number of contributing federal political committee.		С					7		7		19	.00			
	Name of Employer	Occupation		_											
			or (Ex)												
	Receipt For:	1	Year-to-Date ▼												
	Primary General			1											
	Other (specify)		500.00												
s	UBTOTAL of Receipts This Page (optional)			•			7		7		114.	99			

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 72 OF

77

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC		
Full Name (Last, First, Middle Initial) Mr. Randall K Watts Mailing Address 200 Pleasant View Drive City Etters FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occupation Vice Presid Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Randall K Watts Mailing Address 200 Pleasant View Drive City Etters FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Occupation Vice Presid Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Mr. Frank J Weber Mailing Address 456 Sorrel Lane City Milton FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State WV C Occupation Administrat Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional).			115.17

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

3

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 73 OF

77

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
A .	Full Name (Last, First, Middle Initial) Mr. Frank J Weber Mailing Address 456 Sorrel Lane			Date of Receipt
	City Milton	State WV	Zip Code 25541	Transaction ID : A2014-2845671 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		76.93
;	Name of Employer Select Medical Corporation Receipt For:	Occupation Administrate	or (Ex)	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1769.39	
	Full Name (Last, First, Middle Initial) Mrs. Andrea F White			Date of Receipt
-	Mailing Address 1817 Jacobs Lane			12 05 2014
	City	State	Zip Code	Transaction ID : A2014-2718773
-	Vestavia Hills	AL	35216	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		19.24
	Name of Employer Select Medical Corporation	Occupation Administrate		
Ī	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify)		481.00	
	Full Name (Last, First, Middle Initial) Mrs. Andrea F White			Date of Receipt
I	Mailing Address 1817 Jacobs Lane			12 19 _2014 _
	City Vestavia Hills	State AL	Zip Code 35216	Transaction ID : A2014-2845672 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		19.00
1	Name of Employer	Occupation		_
	Select Medical Corporation	Administrat	or (Ex)	
I		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
รเ	JBTOTAL of Receipts This Page (optional)			115.17

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

77

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC		
A. Full Name (Last, First, Middle Initial) Mr. Brian J Williams Mailing Address 9670 Rod Road			Date of Receipt
City Alpharetta	State GA	Zip Code 30022	12 05 2014 Transaction ID : A2014-2718774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer	Occupation	l	
Select Medical Corporation	Vice Presid	ent (Ex)	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]
Full Name (Last, First, Middle Initial) B. Mr. Brian J Williams			Date of Receipt
Mailing Address 9670 Rod Road			12 19 / Y Y Y Y 12 19
City	State	Zip Code	Transaction ID : A2014-2845673
Alpharetta	GA	30022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.25
Name of Employer	Occupation	l	
Select Medical Corporation	Vice Presid	ent (Ex)	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		3000.00]
Full Name (Last, First, Middle Initial) C. Mr. Juan C Yanes			Date of Receipt
Mailing Address 4143 Stargrass Court			12 05 / Y Y Y Y Y 12 05
City Hilliard	State OH	Zip Code 43026	Transaction ID : A2014-2718775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer	Occupation	l	
Select Medical Corporation	Administrat	or (Ex)	
Receipt For:	Aggregate	Year-to-Date ▼	
PrimaryGeneralOther (specify)		384.80]
SUBTOTAL of Receipts This Page (optio	nal)		249.88

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 75 OF

77

TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) Select Medical Corporation P.	AC								
Full Name (Last, First, Middle Initial) Mr. Juan C Yanes Mailing Address 4143 Stargrass Court City Hilliard FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify)	State OH C Occupation Administrat Aggregate				/ sact	19 ion ID	2 / Y 2 : A2014-2 Receipt th	his Period	
Full Name (Last, First, Middle Initial) B. Ms. Coleen Zimmerman Mailing Address 3804 Bohler Road				Date o	f Re	eceipt	D / Y	2014	Y
City	State	Zip Code			sacti		: A2014-2		
Appling FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: □ Primary □ General Other (specify)	GA C Occupation Administrate Aggregate]	Amoun	t of	Each	Receipt th		d 6.93
Full Name (Last, First, Middle Initial) Ms. Coleen Zimmerman Mailing Address 3804 Bohler Road				Date o		eceipt	D / Y	Y Y	Y
City Appling FEC ID number of contributing federal political committee. Name of Employer Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State GA C Occupation Administrat Aggregate]	12 Trans	sact	۱۹ ion ID		2014 2845675 his Period	
SUBTOTAL of Receipts This Page (optional)			•			7		173	3.10

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

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17393.60

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	6

FOR LINE NUMBER:

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PAGE 76 OF

77

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Full Name (Last, First, Middle Initial) A. Cantor for Congress Mailing Address P.O. Box 17813 City Stat Richmond VA FEC ID number of contributing federal political committee. C Name of Employer Occup Receipt For: 2014 Aggre Primary General Other (specify) ▼	23226 C00355461	Date of Receipt 12 19 2014 Transaction ID : A2014-13788 Amount of Each Receipt this Period 1990.04 Partial refund of 1/27/14 contribution made via Canto Victory Fund
Full Name (Last, First, Middle Initial) B. Mailing Address City Stat FEC ID number of contributing federal political committee. Name of Employer Occup Receipt For: Aggree Primary General		Date of Receipt M M D D Y Y Y Y Y Y Amount of Each Receipt this Period
C. City State	e Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. C Name of Employer Occup Receipt For: Aggre Primary General Other (specify) ▼ C	pation egate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	1990.04

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

	CHEDULE B (FEC Form 3X)		FOR LINE		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				
\setminus	NAME OF COMMITTEE (In Full)				
	Select Medical Corporation PAC				
<u>د</u>	Full Name (Last, First, Middle Initial)	Date of Disbursement			
	Bluegrass Committee				
	Mailing Address 220 1/2 E St. NE			12 10 2014	
	City Salary Sa	State Zip Code DC 20002		Transaction ID : B540377	
	Purpose of Disbursement Contribution		011	-	
	Candidate Name		011	Amount of Each Disbursement this Period	
			Category/ Type	2500.00	
	Office Sought: House Disburser Senate President	nent For: 2014 Primary General Other (specify)			
	State: District:	Not Applicable			
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
				M = M / D = D / Y = Y = Y	
	Mailing Address				
	City	State Zip Code			
	Purpose of Disbursement			Amount of Each Disbursement this Period	
	Candidate Name		Category/ Type		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
	Mailing Address				
	City	State Zip Code			
	Purpose of Disbursement			Amount of Each Diskurgement this Deviad	
	Candidate Name Ca			Amount of Each Disbursement this Period	
	Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼			
⊢	UBTOTAL of Disbursements This Page (optional)			2500.00	
Т	OTAL This Period (last page this line number only))	••••••	2500.00	