

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**

Select Medical Corporation PAC

ADDRESS (number and street) 4714 Gettysburg Road

Check if different than previously reported. (ACC) Mechanicsburg PA 17055

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

**C** C00546119

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Walters, William, , ,

Signature of Treasurer *Walters, William, , ,* Date  /  /

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

Office Use Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 02 / 15 / 2024 To: 03 / 31 / 2024

Table with 3 columns: Description, COLUMN A This Period, and COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: MM / DD / YYYY 02 / 15 / 2024 To: MM / DD / YYYY 03 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35539.44	56539.93
(ii) Unitemized .....	153.90	9442.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35693.34	65982.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35693.34	65982.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	35693.34	70982.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35693.34	70982.60

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	67500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35000.00	67500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	67500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35693.34	65982.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35693.34	65982.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address **4714 Gettysburg Rd**

City <b>Mechanicsburg</b>	State <b>PA</b>	Zip Code <b>17055</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Executive</b>
--	---

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**461.56**

Date of Receipt  
**02 / 23 / 2024**

**Transaction ID : A2024-314383**

Amount of Each Receipt this Period  
**115.39**

Memo Item

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

Mailing Address **4714 Gettysburg Rd**

City <b>Mechanicsburg</b>	State <b>PA</b>	Zip Code <b>17055</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Executive</b>
--	---

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**576.95**

Date of Receipt  
**03 / 08 / 2024**

**Transaction ID : A2024-357913**

Amount of Each Receipt this Period  
**115.39**

Memo Item

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

Mailing Address **4714 Gettysburg Rd**

City <b>Mechanicsburg</b>	State <b>PA</b>	Zip Code <b>17055</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Executive</b>
--	---

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
**692.34**

Date of Receipt  
**03 / 22 / 2024**

**Transaction ID : A2024-512485**

Amount of Each Receipt this Period  
**115.39**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>346.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189251**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330700**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490584**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550659**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Bernhardt, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189288**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Bernhardt, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330737**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg    State PA    Zip Code 17055

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

Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Executive

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.86**

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490621**

Amount of Each Receipt this Period **192.31**

Memo Item

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg    State PA    Zip Code 17055

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

Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Executive

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.17**

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550696**

Amount of Each Receipt this Period **192.31**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City Nicktown    State PA    Zip Code 15762

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

Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Administrator

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼ **307.72**

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189263**

Amount of Each Receipt this Period **76.93**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **461.55**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 10 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Blake, Kelly, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330712**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Blake, Kelly, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490596**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Blake, Kelly, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550671**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 11 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189295**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330684**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490568**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Bolcavage, Theodore, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Bryant St  
 City Mechanicsburg State PA Zip Code 17050-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550643**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Breighner, Robert, G, Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Carrie Drive  
 City Dallastown State PA Zip Code 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189248**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Breighner, Robert, G, Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Carrie Drive  
 City Dallastown State PA Zip Code 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330697**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 13 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Breighner, Robert, G, Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Carrie Drive  
 City Dallastown State PA Zip Code 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490581**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Breighner, Robert, G, Mr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Carrie Drive  
 City Dallastown State PA Zip Code 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550656**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Brozowsky, Diane, M, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1795 Alpine Ave  
 City Boulder State CO Zip Code 80304-3649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189262**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14 OF 92
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brozowsky, Diane, M, Ms.,
Mailing Address 1795 Alpine Ave
City Boulder State CO Zip Code 80304-3649
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 576.95

Date of Receipt
03 / 01 / 2024
Transaction ID : A2024-330711
Amount of Each Receipt this Period
115.39
Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brozowsky, Diane, M, Ms.,
Mailing Address 1795 Alpine Ave
City Boulder State CO Zip Code 80304-3649
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 692.34

Date of Receipt
03 / 15 / 2024
Transaction ID : A2024-490595
Amount of Each Receipt this Period
115.39
Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brozowsky, Diane, M, Ms.,
Mailing Address 1795 Alpine Ave
City Boulder State CO Zip Code 80304-3649
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 807.73

Date of Receipt
03 / 29 / 2024
Transaction ID : A2024-550670
Amount of Each Receipt this Period
115.39
Memo Item

SUBTOTAL of Receipts This Page (optional) 346.17
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 OF 92  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 19073 Twilight Trl

City Eden Prairie	State MN	Zip Code 55346-4047
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189278**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 19073 Twilight Trl

City Eden Prairie	State MN	Zip Code 55346-4047
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330727**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Cannon, Matthew, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19073 Twilight Trl

City Eden Prairie	State MN	Zip Code 55346-4047
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490611**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 16 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550686**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189285**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330734**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 17 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 03 / 15 / 2024  
**Transaction ID : A2024-490618**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Carey, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 03 / 29 / 2024  
**Transaction ID : A2024-550693**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 02 / 23 / 2024  
**Transaction ID : A2024-314384**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-357914**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Carpenter, Allen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4132 3rd St Apt 1  
 City San Francisco State CA Zip Code 94124-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : A2024-512486**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Castroman, Marinella, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189299**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 19 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Castroman, Marinella, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330688**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Castroman, Marinella, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490572**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Castroman, Marinella, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550647**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 20 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Cawley, Karen, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11877 N 81st St  
 City Scottsdale State AZ Zip Code 85260-5633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189281**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**B. Cawley, Karen, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11877 N 81st St  
 City Scottsdale State AZ Zip Code 85260-5633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330730**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. Cawley, Karen, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11877 N 81st St  
 City Scottsdale State AZ Zip Code 85260-5633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490614**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 21 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Cawley, Karen, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11877 N 81st St  
 City Scottsdale State AZ Zip Code 85260-5633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550689**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**B. Chambers, Jason, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Aaron Creek Drive  
 City Fisherville State KY Zip Code 40023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189246**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Chambers, Jason, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 Aaron Creek Drive  
 City Fisherville State KY Zip Code 40023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330695**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.16
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 22 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2024

**Transaction ID : A2024-490579**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2024

**Transaction ID : A2024-550654**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2024

**Transaction ID : A2024-189268**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 23 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330717**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490601**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Chernow, David, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Gladstone Court  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550676**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 24 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Cook, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189282**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Cook, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330731**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Cook, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490615**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Cook, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550690**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189271**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330720**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490604**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 285 Merriweather Rd  
 City Grosse Pointe Farms State MI Zip Code 48236-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550679**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Dehoff, James, L, Jr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189292**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 92  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330681**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490565**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Dehoff, James, L, Jr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 Abington Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550640**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Dishner, Kerry, R, ,

Mailing Address 202 Downing Pl  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-6881

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2024  
**Transaction ID : A2024-189269**

Amount of Each Receipt this Period  
192.31

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Dishner, Kerry, R, ,

Mailing Address 202 Downing Pl  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-6881

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.55

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2024  
**Transaction ID : A2024-330718**

Amount of Each Receipt this Period  
192.31

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Dishner, Kerry, R, ,

Mailing Address 202 Downing Pl  
Suite 1050

City Mechanicsburg State PA Zip Code 17050-6881

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2024  
**Transaction ID : A2024-490602**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Dishner, Kerry, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Downing Pl  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-6881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550677**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189261**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Evans, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330710**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 30 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2024

**Transaction ID : A2024-490594**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2024

**Transaction ID : A2024-550669**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2024

**Transaction ID : A2024-189260**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Gasse, Suzanne, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3903 West Sailboat Drive  
 City: Pembroke Pines, State: FL, Zip Code: 33026  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation, Occupation (for Individual): Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 576.95

Date of Receipt: 03 / 01 / 2024  
**Transaction ID : A2024-330709**  
 Amount of Each Receipt this Period: 115.39  
 Memo Item

**B. Gasse, Suzanne, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3903 West Sailboat Drive  
 City: Pembroke Pines, State: FL, Zip Code: 33026  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation, Occupation (for Individual): Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 692.34

Date of Receipt: 03 / 15 / 2024  
**Transaction ID : A2024-490593**  
 Amount of Each Receipt this Period: 115.39  
 Memo Item

**C. Gasse, Suzanne, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3903 West Sailboat Drive  
 City: Pembroke Pines, State: FL, Zip Code: 33026  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation, Occupation (for Individual): Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 807.73

Date of Receipt: 03 / 29 / 2024  
**Transaction ID : A2024-550668**  
 Amount of Each Receipt this Period: 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 32 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 02 / 23 / 2024  
**Transaction ID : A2024-314382**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 03 / 08 / 2024  
**Transaction ID : A2024-357912**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Godley, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : A2024-512484**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 33 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189274**

Amount of Each Receipt this Period  
192.31

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330723**

Amount of Each Receipt this Period  
192.31

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City Shavertown	State PA	Zip Code 18708
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490607**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hammerman, Samuel, I, Doctor, I.</b>		Date of Receipt
Mailing Address 6 Windy Drive		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/>
City Shavertown	State PA	Zip Code 18708
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-550682</b>
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="192.31"/>
Occupation (for Individual) Chief Medical Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1346.17"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hollenbach, John, T, Mr.,</b>		Date of Receipt
Mailing Address 3607 Weymouth Drive		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-189273</b>
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="192.31"/>
Occupation (for Individual) Vice President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="769.24"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hollenbach, John, T, Mr.,</b>		Date of Receipt
Mailing Address 3607 Weymouth Drive		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-330722</b>
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="192.31"/>
Occupation (for Individual) Vice President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="961.55"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 35 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490606**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Hollenbach, John, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 Weymouth Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550681**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189294**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 36 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330683**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490567**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Jackson, Martin, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Ellesmere Lane  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550642**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189267**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330716**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490600**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550675**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2024  
**Transaction ID : A2024-314381**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Keim, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-357911**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 39 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2024

**Transaction ID : A2024-512483**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 13 Hopper Dr.

City Goddard	State KS	Zip Code 67052
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189270**

Amount of Each Receipt this Period  
115.38

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City Goddard	State KS	Zip Code 67052
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330719**

Amount of Each Receipt this Period  
115.38

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.15
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 40 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Keith, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Hopper Dr.  
 City Goddard State KS Zip Code 67052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490603**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**B. Keith, Christopher, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Hopper Dr.  
 City Goddard State KS Zip Code 67052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550678**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**C. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189250**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.07
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 41 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330699**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490583**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Key, David, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Eliza Way  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550658**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 E Powderhorn Rd  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189279**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 E Powderhorn Rd  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330728**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 E Powderhorn Rd  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490612**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Kido, Robert, S, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1205 E Powderhorn Rd  
 Suite 1050  
 City Mechanicsburg State PA Zip Code 17050-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A2024-550687**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 16 / 2024  
**Transaction ID : A2024-189296**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 03 / 01 / 2024  
**Transaction ID : A2024-330685**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kurmakov, Aleksey, N, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : A2024-490569</b>
Mailing Address 2409 W Bayberry Dr			Amount of Each Receipt this Period 192.31
City Harrisburg	State PA	Zip Code 17112-1040	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1153.86	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kurmakov, Aleksey, N, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550644</b>
Mailing Address 2409 W Bayberry Dr			Amount of Each Receipt this Period 192.31
City Harrisburg	State PA	Zip Code 17112-1040	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1346.17	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lacey, Mary, B, ,</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : A2024-189253</b>
Mailing Address 44 Sunfire Avenue			Amount of Each Receipt this Period 192.31
City Camp Hill	State PA	Zip Code 17011	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 769.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 45 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Lacey, Mary, B, ,**

Mailing Address **44 Sunfire Avenue**

City <b>Camp Hill</b>	State <b>PA</b>	Zip Code <b>17011</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Vice President</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**961.55**

Date of Receipt  
**03 / 01 / 2024**

**Transaction ID : A2024-330702**

Amount of Each Receipt this Period  
**192.31**

Memo Item

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

Mailing Address **44 Sunfire Avenue**

City <b>Camp Hill</b>	State <b>PA</b>	Zip Code <b>17011</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Vice President</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1153.86**

Date of Receipt  
**03 / 15 / 2024**

**Transaction ID : A2024-490586**

Amount of Each Receipt this Period  
**192.31**

Memo Item

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

Mailing Address **44 Sunfire Avenue**

City <b>Camp Hill</b>	State <b>PA</b>	Zip Code <b>17011</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Vice President</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1346.17**

Date of Receipt  
**03 / 29 / 2024**

**Transaction ID : A2024-550661**

Amount of Each Receipt this Period  
**192.31**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>576.93</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 46 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2024

**Transaction ID : A2024-189259**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2024

**Transaction ID : A2024-330708**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2024

**Transaction ID : A2024-490592**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Lindley, Lauren, B, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550667**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Malatesta, Michael, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189302**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Malatesta, Michael, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330691**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490575**

Amount of Each Receipt this Period  
192.31

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550650**

Amount of Each Receipt this Period  
192.31

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City Export	State PA	Zip Code 15632
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189298**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Marshall, Christopher, L, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 01 / 2024 <b>Transaction ID : A2024-330687</b>		
Mailing Address 4966 Cline Hollow Road			Amount of Each Receipt this Period 115.39		
City Export	State PA	Zip Code 15632	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.95			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Marshall, Christopher, L, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : A2024-490571</b>		
Mailing Address 4966 Cline Hollow Road			Amount of Each Receipt this Period 115.39		
City Export	State PA	Zip Code 15632	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 692.34			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Marshall, Christopher, L, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550646</b>		
Mailing Address 4966 Cline Hollow Road			Amount of Each Receipt this Period 115.39		
City Export	State PA	Zip Code 15632	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 807.73			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McAlister, Michael, H, Mr.,</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : A2024-189266</b>		
Mailing Address 4 Brighton Court			Amount of Each Receipt this Period 115.39		
City Heath	State TX	Zip Code 75032	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.56			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McAlister, Michael, H, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 01 / 2024 <b>Transaction ID : A2024-330715</b>		
Mailing Address 4 Brighton Court			Amount of Each Receipt this Period 115.39		
City Heath	State TX	Zip Code 75032	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.95			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McAlister, Michael, H, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : A2024-490599</b>		
Mailing Address 4 Brighton Court			Amount of Each Receipt this Period 115.39		
City Heath	State TX	Zip Code 75032	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 692.34			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. McAlister, Michael, H, Mr.,**

Mailing Address **4 Brighton Court**

City <b>Heath</b>	State <b>TX</b>	Zip Code <b>75032</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Administrator</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**807.73**

Date of Receipt  
**03 / 29 / 2024**

**Transaction ID : A2024-550674**

Amount of Each Receipt this Period  
**115.39**

Memo Item

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

Mailing Address **4714 Gettysburg Rd**

City <b>Mechanicsburg</b>	State <b>PA</b>	Zip Code <b>17055</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Executive</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**461.56**

Date of Receipt  
**02 / 16 / 2024**

**Transaction ID : A2024-189280**

Amount of Each Receipt this Period  
**115.39**

Memo Item

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

Mailing Address **4714 Gettysburg Rd**

City <b>Mechanicsburg</b>	State <b>PA</b>	Zip Code <b>17055</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Select Medical Corporation</b>	Occupation (for Individual) <b>Executive</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**576.95**

Date of Receipt  
**03 / 01 / 2024**

**Transaction ID : A2024-330729**

Amount of Each Receipt this Period  
**115.39**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>346.17</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 52 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McDeavitt, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490613**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. McDeavitt, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550688**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. McGrath, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Shenandoah Drive  
 City Collegeville State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2024  
**Transaction ID : A2024-314380**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 53 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McGrath, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Shenandoah Drive  
 City Collegeville State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 08 / 2024**  
**Transaction ID : A2024-357910**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. McGrath, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Shenandoah Drive  
 City Collegeville State PA Zip Code 19426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 22 / 2024**  
**Transaction ID : A2024-512482**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. McNelis, Shaun, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Northwood Cir  
 City Mechanicsburg State PA Zip Code 17050-6882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189252**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. McNelis, Shaun, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Northwood Cir  
 City Mechanicsburg State PA Zip Code 17050-6882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330701**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. McNelis, Shaun, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Northwood Cir  
 City Mechanicsburg State PA Zip Code 17050-6882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490585**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. McNelis, Shaun, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Northwood Cir  
 City Mechanicsburg State PA Zip Code 17050-6882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550660**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 55 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Mena, Theodore, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 Indian Deer Rd  
 City Windermere State FL Zip Code 34786-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189265**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mena, Theodore, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 Indian Deer Rd  
 City Windermere State FL Zip Code 34786-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330714**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mena, Theodore, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 Indian Deer Rd  
 City Windermere State FL Zip Code 34786-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490598**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mena, Theodore, G, ,</b>		Date of Receipt
Mailing Address 4425 Indian Deer Rd		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/>
City Windermere	State FL	Zip Code 34786-3182
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-550673</b>
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="115.39"/>
Occupation (for Individual) Administrator		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="807.73"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mullin, Thomas, P, Mr.,</b>		Date of Receipt
Mailing Address 215 St James Court		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-189255</b>
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="192.31"/>
Occupation (for Individual) Chief Operating Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="769.24"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mullin, Thomas, P, Mr.,</b>		Date of Receipt
Mailing Address 215 St James Court		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-330704</b>
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="192.31"/>
Occupation (for Individual) Chief Operating Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="961.55"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 57 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Mullin, Thomas, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490588**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Mullin, Thomas, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550663**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Mumma, Michael, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5782 Stillwell Court  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490580**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mumma, Michael, J, Mr.,</b>			Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550655</b>
Mailing Address 5782 Stillwell Court			Amount of Each Receipt this Period 38.47
City Harrisburg	State PA	Zip Code 17112	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.29		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. O'Donnell, Michael, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : A2024-189286</b>
Mailing Address 4714 Gettysburg Rd			Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17055	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. O'Donnell, Michael, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 01 / 2024 <b>Transaction ID : A2024-330735</b>
Mailing Address 4714 Gettysburg Rd			Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17055	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 576.95		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.25
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490619**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

**Transaction ID : A2024-550694**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice-Chairman
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189290**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330679**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490563**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Ortenzio, Rocco, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice-Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550638**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189301**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330690**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490574**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Pennacchia, Raymond, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Cold Spring Lane  
 City Media State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550649**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189275**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330724**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490608**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550683**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Principe, Adam, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1207 Wings Way  
 City Cantonment State FL Zip Code 32533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189277**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City Cantonment	State FL	Zip Code 32533
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330726**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490610**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550685**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189284**

Amount of Each Receipt this Period  
115.38

Memo Item

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330733**

Amount of Each Receipt this Period  
115.38

Memo Item

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
692.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490617**

Amount of Each Receipt this Period  
115.38

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Pyles, Kimberly, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550692</b>		
Mailing Address 4714 Gettysburg Rd			Amount of Each Receipt this Period 115.38		
City Mechanicsburg	State PA	Zip Code 17055	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.66			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Radford, Jeffrey, A, ,</b>			Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : A2024-189264</b>		
Mailing Address 15413 Monticello Drive			Amount of Each Receipt this Period 115.39		
City Bristol	State VA	Zip Code 24202	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.56			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Radford, Jeffrey, A, ,</b>			Date of Receipt MM / DD / YYYY 03 / 01 / 2024 <b>Transaction ID : A2024-330713</b>		
Mailing Address 15413 Monticello Drive			Amount of Each Receipt this Period 115.39		
City Bristol	State VA	Zip Code 24202	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 576.95			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 92  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 15413 Monticello Drive

City Bristol	State VA	Zip Code 24202
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490597**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City Bristol	State VA	Zip Code 24202
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

**Transaction ID : A2024-550672**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189258**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 68 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rhodes, Chandelle, L, Ms.,

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330707**

Amount of Each Receipt this Period  
115.39

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rhodes, Chandelle, L, Ms.,

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490591**

Amount of Each Receipt this Period  
115.39

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rhodes, Chandelle, L, Ms.,

Mailing Address 20528 Lagoona Drive

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

**Transaction ID : A2024-550666**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 69 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Rountree, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189257**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Rountree, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330706**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Rountree, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490590**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rountree, Tim, , ,</b>			Date of Receipt
Mailing Address 4714 Gettysburg Rd			<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/>
City Mechanicsburg	State PA	Zip Code 17055	<b>Transaction ID : A2024-550665</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1346.17"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt
Mailing Address 1339 Sconsett Way			<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City New Cumberland	State PA	Zip Code 17070	<b>Transaction ID : A2024-189303</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="769.24"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rusignuolo, Brian, R, Mr.,</b>			Date of Receipt
Mailing Address 1339 Sconsett Way			<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City New Cumberland	State PA	Zip Code 17070	<b>Transaction ID : A2024-330692</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.31"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="961.55"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rusignuolo, Brian, R, Mr.,</b>		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2024"/>
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-490576</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1153.86"/>	Amount of Each Receipt this Period <input type="text" value="192.31"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rusignuolo, Brian, R, Mr.,</b>		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/>
City New Cumberland	State PA	Zip Code 17070
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-550651</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1346.17"/>	Amount of Each Receipt this Period <input type="text" value="192.31"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ruskan, Jeffrey, J, Mr.,</b>		Date of Receipt
Mailing Address 304 Beechwood Drive		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-189276</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="769.24"/>	Amount of Each Receipt this Period <input type="text" value="192.31"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 03 / 01 / 2024  
**Transaction ID : A2024-330725**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt 03 / 15 / 2024  
**Transaction ID : A2024-490609**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A2024-550684**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 73 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schmidt, Megan, P, Ms.,**

Mailing Address **204 Forest Lane North**

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**461.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

**Transaction ID : A2024-189254**

Amount of Each Receipt this Period  
**115.39**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Schmidt, Megan, P, Ms.,**

Mailing Address **204 Forest Lane North**

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**576.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330703**

Amount of Each Receipt this Period  
**115.39**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Schmidt, Megan, P, Ms.,**

Mailing Address **204 Forest Lane North**

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**692.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490587**

Amount of Each Receipt this Period  
**115.39**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>346.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Schmidt, Megan, P, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Forest Lane North  
 City Blountville State TN Zip Code 37617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550662**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189256**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Shovlin, Tyler, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050  
 City Omaha State NE Zip Code 68130-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330705**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Shovlin, Tyler, J, ,</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : A2024-490589</b>
Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050		Amount of Each Receipt this Period 115.39
City Omaha	State NE	<input type="checkbox"/> Memo Item
Zip Code 68130-1849		
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shovlin, Tyler, J, ,</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550664</b>
Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050		Amount of Each Receipt this Period 115.39
City Omaha	State NE	<input type="checkbox"/> Memo Item
Zip Code 68130-1849		
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.73	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sissick, Krystina, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : A2024-189283</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	<input type="checkbox"/> Memo Item
Zip Code 17055		
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 461.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 92		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024

**Transaction ID : A2024-330732**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024

**Transaction ID : A2024-490616**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024

**Transaction ID : A2024-550691**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 77 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189297**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330686**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Gloria, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : A2024-490570**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Skinner, Gloria, J, Mrs.,</b>		Date of Receipt
Mailing Address 1685 North 700 West		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/>
City Columbus	State IN	Zip Code 47201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-550645</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="115.39"/>
		<input type="checkbox"/> Memo Item
		<input type="text" value="807.73"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Skinner, Jon, C, Mr.,</b>		Date of Receipt
Mailing Address 5200 Topaz Ct		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Flower Mound	State TX	Zip Code 75022-8143
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-189272</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="192.31"/>
		<input type="checkbox"/> Memo Item
		<input type="text" value="769.24"/>

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Skinner, Jon, C, Mr.,</b>		Date of Receipt
Mailing Address 5200 Topaz Ct		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City Flower Mound	State TX	Zip Code 75022-8143
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2024-330721</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="192.31"/>
		<input type="checkbox"/> Memo Item
		<input type="text" value="961.55"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Skinner, Jon, C, Mr.,</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : A2024-490605</b>
Mailing Address 5200 Topaz Ct		Amount of Each Receipt this Period 192.31
City Flower Mound	State TX	Zip Code 75022-8143
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Skinner, Jon, C, Mr.,</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550680</b>
Mailing Address 5200 Topaz Ct		Amount of Each Receipt this Period 192.31
City Flower Mound	State TX	Zip Code 75022-8143
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Smith, Chad, S, Mr.,</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2024 <b>Transaction ID : A2024-189293</b>
Mailing Address 3289 Rolari Drive		Amount of Each Receipt this Period 115.39
City Taneytown	State MD	Zip Code 21787
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 461.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 80 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City Taneytown	State MD	Zip Code 21787
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2024

**Transaction ID : A2024-330682**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City Taneytown	State MD	Zip Code 21787
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2024

**Transaction ID : A2024-490566**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City Taneytown	State MD	Zip Code 21787
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2024

**Transaction ID : A2024-550641**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189305**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2024  
**Transaction ID : A2024-330694**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490578**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 82 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : A2024-550653**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Streepy, Kurt, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189249**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Streepy, Kurt, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 01 / 2024**  
**Transaction ID : A2024-330698**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 83 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Streepy, Kurt, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-490582**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Streepy, Kurt, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : A2024-550657**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Umbenhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2024  
**Transaction ID : A2024-189289**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 OF 92  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Umbenhauer, Kristy, J, ,**

Mailing Address 619 Suedberg Rd  
Suite 1050

City Pine Grove State PA Zip Code 17963-8839

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2024

**Transaction ID : A2024-330678**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Umbenhauer, Kristy, J, ,**

Mailing Address 619 Suedberg Rd  
Suite 1050

City Pine Grove State PA Zip Code 17963-8839

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2024

**Transaction ID : A2024-490562**

Amount of Each Receipt this Period  
115.39

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Umbenhauer, Kristy, J, ,**

Mailing Address 619 Suedberg Rd  
Suite 1050

City Pine Grove State PA Zip Code 17963-8839

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2024

**Transaction ID : A2024-550637**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Viggiano, Anthony, J, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2024 <b>Transaction ID : A2024-189300</b>		
Mailing Address 1973 Armstong Drive			Amount of Each Receipt this Period 115.39		
City Lansdale	State PA	Zip Code 19446	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Work Strategies			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.56			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Viggiano, Anthony, J, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2024 <b>Transaction ID : A2024-330689</b>		
Mailing Address 1973 Armstong Drive			Amount of Each Receipt this Period 115.39		
City Lansdale	State PA	Zip Code 19446	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Work Strategies			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.95			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Viggiano, Anthony, J, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2024 <b>Transaction ID : A2024-490573</b>		
Mailing Address 1973 Armstong Drive			Amount of Each Receipt this Period 115.39		
City Lansdale	State PA	Zip Code 19446	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Work Strategies			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 692.34			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Viggiano, Anthony, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1973 Armstong Drive  
 City Lansdale State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Work Strategies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A2024-550648**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Weigl, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 16 / 2024  
**Transaction ID : A2024-189287**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Weigl, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 03 / 01 / 2024  
**Transaction ID : A2024-330736**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Weigl, Christopher, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : A2024-490620</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Weigl, Christopher, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : A2024-550695</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 192.31
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Werner, William, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2024 <b>Transaction ID : A2024-314379</b>
Mailing Address 4714 Gettysburg Rd		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 461.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 88 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 08 / 2024**  
**Transaction ID : A2024-357909**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Werner, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4714 Gettysburg Rd  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 22 / 2024**  
**Transaction ID : A2024-512481**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Williams, Brian, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **02 / 16 / 2024**  
**Transaction ID : A2024-189291**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.09
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 89 OF 92
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Brian, J, Mr.,

Mailing Address 9670 Rod Road

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

**Transaction ID : A2024-330680**

Amount of Each Receipt this Period  
192.31

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Brian, J, Mr.,

Mailing Address 9670 Rod Road

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

**Transaction ID : A2024-490564**

Amount of Each Receipt this Period  
192.31

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Brian, J, Mr.,

Mailing Address 9670 Rod Road

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

**Transaction ID : A2024-550639**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.93
<b>TOTAL</b> This Period (last page this line number only).....	35539.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Suhas for Virginia

Mailing Address PO Box 302

City Ashburn State VA Zip Code 20146

Purpose of Disbursement

Contribution

011

Candidate Name

Subramanyam, Suhas, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: VA District: 10

Date of Disbursement

Date field: MM/DD/YYYY = 02/22/2024

FEC Identification Number

C00856963

Transaction ID : B868064

Amount of Each Disbursement this Period

Amount field: 500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Southern Missourian In the House PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [ ] General [X] Other (specify) v

State: District: Not Applicable

Date of Disbursement

Date field: MM/DD/YYYY = 02/26/2024

FEC Identification Number

C00563726

Transaction ID : B866321

Amount of Each Disbursement this Period

Amount field: 2000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 1st St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [ ] General [X] Other (specify) v

State: District: Not Applicable

Date of Disbursement

Date field: MM/DD/YYYY = 02/26/2024

FEC Identification Number

C00075820

Transaction ID : B866322

Amount of Each Disbursement this Period

Amount field: 2500.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

Amount field: 5000.00

Amount field: 5000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

### A. Carry On PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City Athens State GA Zip Code 20003

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify)  Not Applicable

State: District:

Date of Disbursement

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

FEC Identification Number

C00787879

Transaction ID : B866763

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Darek Tran for Congress

Mailing Address 10441 STANFORD AVENUE, #395

City Garden Grove State CA Zip Code 92842

Purpose of Disbursement

Contribution

Candidate Name

Tran, Derek, , ,

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	4

FEC Identification Number

C00851790

Transaction ID : B868063

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Together We Rise

Mailing Address 16633 Ventura Blvd #1008

City Encino State CA Zip Code 91436

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify)  Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	4

FEC Identification Number

C00667360

Transaction ID : B866040

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Friends of David Schweikert

Mailing Address 8175 East Evans Road #13176

City Scottsdale State AZ Zip Code 85267

Purpose of Disbursement

Contribution

011

Candidate Name

Schweikert, David, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: AZ District: 01

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

Date of Disbursement

Date of Disbursement: 03 / 08 / 2024

FEC Identification Number

C00540617

Transaction ID : B867475

Amount of Each Disbursement this Period

5000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of David Schweikert

Mailing Address 8175 East Evans Road #13176

City Scottsdale State AZ Zip Code 85267

Purpose of Disbursement

Contribution

011

Candidate Name

Schweikert, David, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: AZ District: 01

Disbursement For: 2024
[ ] Primary [X] General
[ ] Other (specify) v

Date of Disbursement

Date of Disbursement: 03 / 08 / 2024

FEC Identification Number

C00540617

Transaction ID : B867476

Amount of Each Disbursement this Period

5000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Friends to Elect Dr. Greg Murphy to Congress

Mailing Address P O Box 1131

City Greenville State NC Zip Code 27835

Purpose of Disbursement

Contribution

011

Candidate Name

Murphy, Greg, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: NC District: 03

Disbursement For: 2024
[ ] Primary [X] General
[ ] Other (specify) v

Date of Disbursement

Date of Disbursement: 03 / 11 / 2024

FEC Identification Number

C00697649

Transaction ID : B866039

Amount of Each Disbursement this Period

5000.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

15000.00

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

35000.00