

# 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.

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  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.

Walters, William, , ,

Type or Print Name of Treasurer

Signature of Treasurer Walters, William, , , [Electronically Filed] 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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value=""/>	<input type="text" value="63522.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16663.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="66539.94"/>	<input type="text" value="134716.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="83203.12"/>	<input type="text" value="198239.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55000.00"/>	<input type="text" value="170036.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28203.12"/>	<input type="text" value="28203.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Select Medical Corporation PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	65770.68	127138.54
(ii) Unitemized .....	769.26	7577.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	66539.94	134716.25
(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) .....	66539.94	134716.25
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	66539.94	134716.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	66539.94	134716.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	36.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	36.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	170000.00
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)) ..	55000.00	170036.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55000.00	170036.00

**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) .....	66539.94	134716.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66539.94	134716.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	36.00
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	36.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 102
	<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
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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 ▼  
1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441240**

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 ▼  
1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2020  
**Transaction ID : A2020-1620876**

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 ▼  
1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2020  
**Transaction ID : A2020-1681535**

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).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

This report is being amended to report a receipt not previously reported due to a clerical error. Procedures have been established to prevent errors in the future.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 102
	(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. 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 ▼  
1961.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2020  
**Transaction ID : A2020-1900926**

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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2020  
**Transaction ID : A2020-2024689**

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
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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
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2020  
**Transaction ID : A2020-2093726**

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 9 OF 102
	<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. 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 ▼ 1615.46

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : A2020-1441225**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620902**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681520**  
 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 10 OF 102  
(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. 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 ▼ 1961.63

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900911**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024674**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093710**  
 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 11 OF 102
	<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. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441233**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620910**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681528**

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 12 OF 102
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900919**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024682**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
--------------------	-------------	-------------------

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 ▼  
3653.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093718**

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 13 OF 102
	<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. 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441258**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1730.85

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620894**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1846.24

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681553**  
 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 14 OF 102
	(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. 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900944**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 2077.02

Date of Receipt **09 / 04 / 2020**  
**Transaction ID : A2020-2024706**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 2192.41

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093745**  
 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 15 OF 102
	<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. 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 ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441236**  
 Amount of Each Receipt this Period  
 115.39  
 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 ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2020  
**Transaction ID : A2020-1620913**  
 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 ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2020  
**Transaction ID : A2020-1681531**  
 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 16 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900922**

Amount of Each Receipt this Period  
115.39

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024685**

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 ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093721**

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 17 OF 102
	<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. 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 ▼ 2692.34

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441251**  
 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 ▼ 2884.65

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620887**  
 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 ▼ 3076.96

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681546**  
 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 18 OF 102  
(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. 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 ▼ 3269.27

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900937**  
 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 ▼ 3461.58

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024699**  
 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 ▼ 3653.89

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093737**  
 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 19 OF 102
	(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

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

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

Mailing Address 540 Raymond Dr.

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

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 ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2020

**Transaction ID : A2020-2624039**

Amount of Each Receipt this Period  
3000.00

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 ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441253**

Amount of Each Receipt this Period  
115.39

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 ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620889**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3230.78
<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 20 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681548**

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900939**

Amount of Each Receipt this Period  
115.39

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024701**

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 21 OF 102
	<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 ▼  
2269.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2020

**Transaction ID : A2020-2093739**

Amount of Each Receipt this Period  
192.31

Memo Item

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

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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 ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2020

**Transaction ID : A2020-1441249**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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 ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2020

**Transaction ID : A2020-1620885**

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 22 OF 102
	(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. DeGumbia, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681544**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900935**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024697**

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 23 OF 102
	<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. DeGumbia, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093734**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 2692.34

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441223**  
 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 ▼ 2884.65

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620900**  
 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 24 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681518**

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 ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900909**

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 ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024672**

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 25 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼ 3653.89

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093708**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. 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 ▼ 1615.46

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : A2020-1441252**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620888**  
 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 26 OF 102
	(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. 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 ▼ 1846.24

Date of Receipt  
 08 / 07 / 2020  
**Transaction ID : A2020-1681547**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. 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 ▼ 1961.63

Date of Receipt  
 08 / 21 / 2020  
**Transaction ID : A2020-1900938**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. 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 ▼ 2077.02

Date of Receipt  
 09 / 04 / 2020  
**Transaction ID : A2020-2024700**  
 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 27 OF 102  
(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. 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 ▼ 2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2020  
**Transaction ID : A2020-2093738**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Ely, James, S, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O Box 6926  
 City McLean      State VA      Zip Code 22106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation      Occupation (for Individual) Director  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2020  
**Transaction ID : A2020-2140759**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City      State MO      Zip Code 64138-5000  
 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 ▼ 538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441248**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5153.86  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 102
	<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. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 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 ▼ 577.05

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620884**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 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 ▼ 615.52

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681543**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 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 ▼ 653.99

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900934**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<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 102
	<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. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 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 ▼ 692.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2020  
**Transaction ID : A2020-2024696**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Farley, Kyle, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13316 E 93rd St  
 City Kansas City State MO Zip Code 64138-5000  
 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 ▼ 807.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2020  
**Transaction ID : A2020-2093733**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 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 ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441261**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<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 30 OF 102
	<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. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 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 **1730.85**

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620897**  
 Amount of Each Receipt this Period **115.39**  
 Memo Item

**B. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 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 **1846.24**

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681556**  
 Amount of Each Receipt this Period **115.39**  
 Memo Item

**C. Fucci, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5024 Westbury Farms Dr  
 City Erie State PA Zip Code 16506-6120  
 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 **1961.63**

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900947**  
 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 31 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024709**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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 ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093748**

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 ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441247**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<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 102
	<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: 288.60

Date of Receipt: 07 / 24 / 2020  
**Transaction ID : A2020-1620883**  
 Amount of Each Receipt this Period: 19.24  
 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: 307.84

Date of Receipt: 08 / 07 / 2020  
**Transaction ID : A2020-1681542**  
 Amount of Each Receipt this Period: 19.24  
 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: 327.08

Date of Receipt: 08 / 21 / 2020  
**Transaction ID : A2020-1900933**  
 Amount of Each Receipt this Period: 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<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 102  
(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. 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 ▼: 346.32

Date of Receipt: 09 / 04 / 2020  
**Transaction ID : A2020-2024695**  
 Amount of Each Receipt this Period: 19.24  
 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 ▼: 365.56

Date of Receipt: 09 / 18 / 2020  
**Transaction ID : A2020-3121469**  
 Amount of Each Receipt this Period: 19.24  
 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 ▼: 3365.56

Date of Receipt: 09 / 28 / 2020  
**Transaction ID : A2020-2130535**  
 Amount of Each Receipt this Period: 3000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3038.48  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 102  
(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. Gombotz, Mark, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Mallard Lane  
 City Kensington State CT Zip Code 06037  
 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 ▼ 269.36

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441246**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Gombotz, Mark, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Mallard Lane  
 City Kensington State CT Zip Code 06037  
 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 ▼ 288.60

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620882**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Gombotz, Mark, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Mallard Lane  
 City Kensington State CT Zip Code 06037  
 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 ▼ 307.84

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681541**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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 ▼  
327.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2020

**Transaction ID : A2020-1900932**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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 ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2020

**Transaction ID : A2020-1441255**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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 ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2020

**Transaction ID : A2020-1620891**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.86
<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 36 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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 ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681550**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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 ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900941**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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 ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024703**

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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Hammerman, Samuel, I, Doctor, I.**

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

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 ▼  
3653.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2020

**Transaction ID : A2020-2093742**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Hedeman, Robin, , Ms.,**

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

Mailing Address 15 W Main St PO 194

City Brookside	State NJ	Zip Code 07926
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2020

**Transaction ID : A2020-1441242**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Hedeman, Robin, , Ms.,**

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

Mailing Address 15 W Main St PO 194

City Brookside	State NJ	Zip Code 07926
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2020

**Transaction ID : A2020-1620878**

Amount of Each Receipt this Period  
19.24

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 38 OF 102
	<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. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681537**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900928**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024691**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<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 39 OF 102
	<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. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093729**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 2692.34

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441224**  
 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 ▼ 2884.65

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620901**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.86
<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 40 OF 102
	<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. Jackson, Martin, F, Mr.,</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2020 <b>Transaction ID : A2020-1681519</b>
Mailing Address 116 Ellesmere Lane		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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3076.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jackson, Martin, F, Mr.,</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2020 <b>Transaction ID : A2020-1900910</b>
Mailing Address 116 Ellesmere Lane		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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.27	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jackson, Martin, F, Mr.,</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2020 <b>Transaction ID : A2020-2024673</b>
Mailing Address 116 Ellesmere Lane		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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3461.58	

<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 41 OF 102
	<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. 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 ▼ 3653.89

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093709**  
 Amount of Each Receipt this Period 192.31  
 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441250**  
 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 ▼ 1730.85

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620886**  
 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: (check only one)	PAGE 42 OF 102
	<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. 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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681545**

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900936**

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024698**

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 102
	<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. 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 ▼ 2192.41

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093736**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1077.02

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : A2020-1441239**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 1153.95

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620875**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<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 44 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼ 1230.88

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681534**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 1307.81

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900925**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 1384.74

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024688**  
 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 45 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼ 1461.67

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093725**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441226**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1730.85

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620903**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<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 102
	(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. 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 ▼ 1846.24

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681521**  
 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 ▼ 1961.63

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900912**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024675**  
 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 47 OF 102
	(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

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

**A. 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 ▼ 2192.41

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093711**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 538.58

Date of Receipt **07 / 03 / 2020**  
**Transaction ID : A2020-1413636**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. 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 ▼ 577.05

Date of Receipt **07 / 17 / 2020**  
**Transaction ID : A2020-1604447**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<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 102
	<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. 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 ▼  
615.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

**Transaction ID : A2020-1640256**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. 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 ▼  
653.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

**Transaction ID : A2020-1900906**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. 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 ▼  
692.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

**Transaction ID : A2020-1900950**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<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 49 OF 102
	(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lindley, Lauren, B, Ms.,</b>			Date of Receipt MM / DD / YYYY 09 / 11 / 2020 <b>Transaction ID : A2020-2024665</b>		
Mailing Address 36 Indian Bayou Drive			Amount of Each Receipt this Period 38.47		
City Destin	State FL	Zip Code 32541	<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 Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.93			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lindley, Lauren, B, Ms.,</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2020 <b>Transaction ID : A2020-2130370</b>		
Mailing Address 36 Indian Bayou Drive			Amount of Each Receipt this Period 115.39		
City Destin	State FL	Zip Code 32541	<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 Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 846.32			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Malatesta, Michael, F, Mr.,</b>			Date of Receipt MM / DD / YYYY 07 / 10 / 2020 <b>Transaction ID : A2020-1441232</b>		
Mailing Address 4145 Serenity Street			Amount of Each Receipt this Period 115.39		
City Schwenksville	State PA	Zip Code 19473	<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 ▼ 1615.46			

<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 50 OF 102
	<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. 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620909**  
 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681527**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900918**  
 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 51 OF 102
	<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. 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024681**  
 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 ▼ 2269.33

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093717**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441228**  
 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: (check only one)	PAGE 52 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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 ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620905**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681523**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900914**

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 53 OF 102
	<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. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024677**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Marshall, Christopher, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093713**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441244**  
 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 102
<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. 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 ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2020

**Transaction ID : A2020-1620880**

Amount of Each Receipt this Period  
115.39

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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2020

**Transaction ID : A2020-1681539**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. 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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2020

**Transaction ID : A2020-1900930**

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 55 OF 102
	<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. 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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024693**

Amount of Each Receipt this Period  
115.39

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 ▼  
2269.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093731**

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 ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441237**

Amount of Each Receipt this Period  
38.47

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 102
	<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. 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 ▼  
577.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2020  
**Transaction ID : A2020-1620914**

Amount of Each Receipt this Period  
 38.47

Memo Item

**B. 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 ▼  
615.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2020  
**Transaction ID : A2020-1681532**

Amount of Each Receipt this Period  
 38.47

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 ▼  
653.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2020  
**Transaction ID : A2020-1900923**

Amount of Each Receipt this Period  
 38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<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 57 OF 102
	<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. 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 ▼  
692.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024686**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. 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 ▼  
730.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093722**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 North Heilbron Drive

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) Regional Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2020

**Transaction ID : A2020-1413273**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<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 58 OF 102
	(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. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 17 / 2020  
**Transaction ID : A2020-1604446**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 07 / 31 / 2020  
**Transaction ID : A2020-1640255**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 14 / 2020  
**Transaction ID : A2020-1900905**  
 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 59 OF 102
	(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. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 28 / 2020  
**Transaction ID : A2020-1900949**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt 09 / 11 / 2020  
**Transaction ID : A2020-2024664**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Naselli Jr., Francis, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 655 North Heilbron Drive  
 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) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt 09 / 25 / 2020  
**Transaction ID : A2020-2130369**  
 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 60 OF 102
	<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. 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 ▼ 2692.34

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : A2020-1441221**  
 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 ▼ 2884.65

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620898**  
 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 ▼ 3076.96

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681516**  
 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 61 OF 102
	<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. 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 ▼ 3269.27

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900907**  
 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 ▼ 3461.58

Date of Receipt **09 / 04 / 2020**  
**Transaction ID : A2020-2024670**  
 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 ▼ 3653.89

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093706**  
 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 62 OF 102
	<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. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 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 ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441259**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 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 ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2020  
**Transaction ID : A2020-1620895**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 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 ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2020  
**Transaction ID : A2020-1681554**  
 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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900945**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024707**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

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 ▼  
2230.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093746**

Amount of Each Receipt this Period  
153.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.62
<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 64 OF 102
	<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 ▼  
1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441231**

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 ▼  
1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2020  
**Transaction ID : A2020-1620908**

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 ▼  
1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2020  
**Transaction ID : A2020-1681526**

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 65 OF 102
	<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. 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 ▼ 1961.63

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900917**  
 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024680**  
 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093716**  
 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 66 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼ 538.58

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : A2020-1441256**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 577.05

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620892**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 615.52

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681551**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<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 102
	(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. 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 ▼  
653.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900942**

Amount of Each Receipt this Period  
38.47

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 ▼  
692.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024704**

Amount of Each Receipt this Period  
38.47

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 ▼  
807.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093743**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<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 102  
(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. Pomeranz, Bruce, , ,**  
 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441241**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 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 ▼ 1730.85

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620877**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 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 ▼ 1846.24

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681536**  
 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 69 OF 102  
(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. Pomeranz, Bruce, , ,**  
 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 ▼ 1961.63

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900927**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Pomeranz, Bruce, , ,**  
 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024690**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Pomeranz, Bruce, , ,**  
 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093728**  
 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: (check only one)	PAGE 70 OF 102
	<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. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441245**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 577.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2020  
**Transaction ID : A2020-1620881**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Rhodes, Chandelle, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 615.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2020  
**Transaction ID : A2020-1681540**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<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 71 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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 ▼ **653.99**

Date of Receipt **08 / 21 / 2020**

**Transaction ID : A2020-1900931**

Amount of Each Receipt this Period **38.47**

Memo Item

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

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 ▼ **692.46**

Date of Receipt **09 / 04 / 2020**

**Transaction ID : A2020-2024694**

Amount of Each Receipt this Period **38.47**

Memo Item

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

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 ▼ **807.85**

Date of Receipt **09 / 18 / 2020**

**Transaction ID : A2020-2093732**

Amount of Each Receipt this Period **115.39**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **192.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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 ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441234**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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 ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620911**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Rusignuolo, Brian, R, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1339 Sconsett Way

City New Cumberland	State PA	Zip Code 17070
------------------------	-------------	-------------------

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 ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681529**

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 73 OF 102
	<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. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 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 ▼ 3269.27

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900920**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 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 ▼ 3461.58

Date of Receipt **09 / 04 / 2020**  
**Transaction ID : A2020-2024683**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 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 ▼ 3653.89

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093719**  
 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 74 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441257**

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 ▼  
2884.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620893**

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 ▼  
3076.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681552**

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 75 OF 102
	<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. 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 ▼  
3269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900943**

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 ▼  
3461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024705**

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 ▼  
3653.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093744**

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 76 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 111 Daisy Ln

City Palmyra	State PA	Zip Code 17078-9202
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Vice President Chief HR O
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2020

**Transaction ID : A2020-2123241**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441230**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) VP Clinical Svcs & Quality Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
577.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620907**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5076.94
<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 77 OF 102
	<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. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.52**

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681525**

Amount of Each Receipt this Period **38.47**

Memo Item

**B. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **653.99**

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900916**

Amount of Each Receipt this Period **38.47**

Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **692.46**

Date of Receipt **09 / 04 / 2020**  
**Transaction ID : A2020-2024679**

Amount of Each Receipt this Period **38.47**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **115.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 102
	(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. Sarfaty, Beth, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093715**

Amount of Each Receipt this Period 38.47

Memo Item

**B. 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441243**

Amount of Each Receipt this Period 115.39

Memo Item

**C. 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 ▼ 1730.85

Date of Receipt 07 / 24 / 2020  
**Transaction ID : A2020-1620879**

Amount of Each Receipt this Period 115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.25

**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 79 OF 102  
(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. 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 ▼ 1846.24

Date of Receipt 08 / 07 / 2020  
**Transaction ID : A2020-1681538**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 1961.63

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A2020-1900929**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024692**  
 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 80 OF 102
	(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. Schmidt, Megan, P, Ms.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2020 <b>Transaction ID : A2020-2093730</b>
Mailing Address 204 Forest Lane North			Amount of Each Receipt this Period 115.39
City Blountville	State TN	Zip Code 37617	<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 ▼ 2192.41		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shannon, Michael, G, Mr.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2020 <b>Transaction ID : A2020-2130536</b>
Mailing Address 4307 Wellington Drive			Amount of Each Receipt this Period 1000.00
City Cincinnati	State OH	Zip Code 45245	<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 Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Singer, Deborah, L, Mrs.,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2020 <b>Transaction ID : A2020-1441229</b>
Mailing Address 195 Honeybelle Oval			Amount of Each Receipt this Period 115.39
City Chagrin Falls	State OH	Zip Code 44022	<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 ▼ 1615.46		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.78
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620906**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681524**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900915**  
 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 82 OF 102
	<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. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024678**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Singer, Deborah, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Honeybelle Oval  
 City Chagrin Falls State OH Zip Code 44022  
 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093714**  
 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441227**  
 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 102  
(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. 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620904**  
 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681522**  
 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900913**  
 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 84 OF 102  
(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. 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 ▼ 2077.02

Date of Receipt 09 / 04 / 2020  
**Transaction ID : A2020-2024676**  
 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 ▼ 2192.41

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A2020-2093712**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 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 ▼ 1615.46

Date of Receipt 07 / 10 / 2020  
**Transaction ID : A2020-1441254**  
 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 85 OF 102  
(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. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620890**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681549**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Skinner, Jon, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Topaz Ct  
 City Flower Mound State TX Zip Code 75022-8143  
 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900940**  
 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 86 OF 102
	(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

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

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

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024702**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Skinner, Jon, C, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

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 ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093740**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe	State AZ	Zip Code 85284-3160
---------------	-------------	------------------------

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 ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441235**

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 87 OF 102
	(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. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620912**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681530**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Sloterbeek, Meridell, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 E Dawn Dr  
 City Tempe State AZ Zip Code 85284-3160  
 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900921**  
 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 88 OF 102
	<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. Sloterbeek, Meridell, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe	State AZ	Zip Code 85284-3160
---------------	-------------	------------------------

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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024684**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Sloterbeek, Meridell, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe	State AZ	Zip Code 85284-3160
---------------	-------------	------------------------

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 ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093720**

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 ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2020

**Transaction ID : A2020-1441238**

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 89 OF 102
	<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. 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 ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620915**

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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681533**

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900924**

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 90 OF 102
	(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. Streepy, Kurt, S, Mr.,</b>		Date of Receipt
Mailing Address 3128 Mattatha Drive		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2020"/>
City Bloomington	State IN	Zip Code 47401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2020-2024687</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="2077.02"/>	Amount of Each Receipt this Period <input type="text" value="115.39"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Streepy, Kurt, S, Mr.,</b>		Date of Receipt
Mailing Address 3128 Mattatha Drive		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2020"/>
City Bloomington	State IN	Zip Code 47401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2020-2093724</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="2192.41"/>	Amount of Each Receipt this Period <input type="text" value="115.39"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tarvin, Michael, E, Mr.,</b>		Date of Receipt
Mailing Address 117 Willow Lake Dr		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2020"/>
City Carlisle	State PA	Zip Code 17015-9164
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2020-2128329</b>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Executive 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="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5230.78"/>
<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 91 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Tavenner, Marilyn, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13600 Butler Rd  
 City Amelia Courthouse State VA Zip Code 23002-2954  
 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : A2020-2140760**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Thomas, Dan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5603 Chamberlyne Dr  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : A2020-2140762**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Veit, Joel, T, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 North 30th Street  
 City Camp Hill State PA Zip Code 17011  
 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 ▼ 3000.00

Date of Receipt 09 / 22 / 2020  
**Transaction ID : A2020-2128330**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 92 OF 102  
(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. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 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 ▼ 1615.46

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : A2020-1441260**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 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 ▼ 1730.85

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : A2020-1620896**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 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 ▼ 1846.24

Date of Receipt **08 / 07 / 2020**  
**Transaction ID : A2020-1681555**  
 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: (check only one)	PAGE 93 OF 102
	<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. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 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 ▼ 1961.63

Date of Receipt **08 / 21 / 2020**  
**Transaction ID : A2020-1900946**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 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 ▼ 2077.02

Date of Receipt **09 / 04 / 2020**  
**Transaction ID : A2020-2024708**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th PI  
 City Gainesville State FL Zip Code 32608-9083  
 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 ▼ 2192.41

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : A2020-2093747**  
 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 94 OF 102
	<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. Walters, William, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7107 Matthew Mills Road  
 City Mclean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2020  
**Transaction ID : A2020-1431663**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Walters, William, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7107 Matthew Mills Road  
 City Mclean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2020  
**Transaction ID : A2020-1431664**  
 Amount of Each Receipt this Period  
 2500.00  
 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 ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2020  
**Transaction ID : A2020-1441222**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5115.39
<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 95 OF 102
	(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. 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 ▼  
1730.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

**Transaction ID : A2020-1620899**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. 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 ▼  
1846.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2020

**Transaction ID : A2020-1681517**

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 ▼  
1961.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : A2020-1900908**

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 96 OF 102
	(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. 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 ▼  
2077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : A2020-2024671**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. 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 ▼  
2192.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : A2020-2093707**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Zanke, Christopher, V, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2020

**Transaction ID : A2020-1413272**

Amount of Each Receipt this Period  
38.47

Memo Item

<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:	PAGE 97 OF 102
	(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

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

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

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼  
577.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2020

**Transaction ID : A2020-1604445**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼  
615.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

**Transaction ID : A2020-1640254**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼  
653.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

**Transaction ID : A2020-1900904**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<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 98 OF 102  
(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. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 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 ▼ 692.46

Date of Receipt 08 / 28 / 2020  
**Transaction ID : A2020-1900948**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 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 ▼ 730.93

Date of Receipt 09 / 11 / 2020  
**Transaction ID : A2020-2024663**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Zanke, Christopher, V, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Martha Court  
 City Canonsburg State PA Zip Code 15317  
 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 ▼ 846.32

Date of Receipt 09 / 25 / 2020  
**Transaction ID : A2020-2130368**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.33
<b>TOTAL</b> This Period (last page this line number only).....▶	65770.68

# 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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. Rick Scott for Florida**

Full Name (Last, First, Middle Initial)  
Rick Scott for Florida

Mailing Address 224 E 6th Ave

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement Contribution

Candidate Name **Scott, Rick, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement: 07 / 27 / 2020

FEC Identification Number: C00676965  
**Transaction ID : B766764**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Rick Scott for Florida**

Full Name (Last, First, Middle Initial)  
Rick Scott for Florida

Mailing Address 224 E 6th Ave

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement Contribution

Candidate Name **Scott, Rick, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement: 07 / 27 / 2020

FEC Identification Number: C00676965  
**Transaction ID : B766765**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Wyden for Senate**

Full Name (Last, First, Middle Initial)  
Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement Contribution

Candidate Name **Wyden, Ron, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OR District:

Date of Disbursement: 08 / 10 / 2020

FEC Identification Number: C00308676  
**Transaction ID : B768844**

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)

<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. Holding Onto Oregon's Priorities**

Mailing Address PO Box 3314

City  
Portland

State  
OR

Zip Code  
97208

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	0

FEC Identification Number

C C00392738

**Transaction ID : B769527**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. McConnell for Majority Leader Committee**

Mailing Address 228 S. Washington St. Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	0

FEC Identification Number

C C00156810

**Transaction ID : B769649**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. McConnell Victory Committee**

Mailing Address 228 S Washington St Ste 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Recount/Legal Acct

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	0

FEC Identification Number

C C00027466

**Transaction ID : B770701**

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)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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. Gateway to Leadership PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 43032

City Montclair State NJ Zip Code 07043

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 09 / 14 / 2020

FEC Identification Number: C00704247

Transaction ID : B772154

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Lisa Blunt Rochester for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement Contribution

Candidate Name Blunt Rochester, Lisa, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: DE District:

Date of Disbursement: 09 / 22 / 2020

FEC Identification Number: C00590778

Transaction ID : B774193

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Terri Sewell for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement Contribution

Candidate Name Sewell, Terri, , ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AL District: 07

Date of Disbursement: 09 / 22 / 2020

FEC Identification Number: C00458976

Transaction ID : B774189

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

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

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for 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. Brady Victory Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 1790 Hughes Landing Blvd

City The Woodlands State TX Zip Code 77380

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00445379

Transaction ID : B774716

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. I Got Your Back PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00633156

Transaction ID : B776180

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Silk PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 286

City Caldwell State NJ Zip Code 07006

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C00432765

Transaction ID : B776188

Amount of Each Disbursement this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	55000.00