

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Select Medical Corporation PAC

ADDRESS (number and street)

4714 Gettysburg Road

Check if different than previously reported. (ACC)

Mechanicsburg

PA

17055

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00546119

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period

07 / 24 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer

William Walters

[Electronically Filed]

Date

10 / 12 / 2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="-16944.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="69291.03"/>	<input type="text" value="152748.45"/>
(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="52346.84"/>	<input type="text" value="164376.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-190.00"/>	<input type="text" value="111840.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52536.84"/>	<input type="text" value="52536.84"/>
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. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	68734.71	133885.56
(ii) Unitemized .....	346.32	18652.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69081.03	152538.45
(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) .....	69081.03	152538.45
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).....	210.00	210.00
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))..... ▶	69291.03	152748.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69291.03	152748.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	210.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	210.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-400.00	111600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-190.00	111840.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-190.00	111840.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69081.03	152538.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69081.03	152538.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	210.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	210.00	210.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Jennifer K Allison**

Mailing Address 402 Huron Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  
**08 / 01 / 2014**

**Transaction ID : A2014-1612081**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Ms. Jennifer K Allison**

Mailing Address 402 Huron Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  
**08 / 15 / 2014**

**Transaction ID : A2014-1849052**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**C. Ms. Jennifer K Allison**

Mailing Address 402 Huron Drive

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
**08 / 29 / 2014**

**Transaction ID : A2014-1953491**

Amount of Each Receipt this Period  
**19.24**

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

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 180
	<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. Ms. Jennifer K Allison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Huron Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117365**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Jennifer K Allison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Huron Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140001**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612082**  
 Amount of Each Receipt this Period  
 19.24

<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 9 OF 180  
(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. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849053**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953449**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117366**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 180
	<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. Ms. Joan Alverzo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 152 Old Landing Road  
City Ocean City State MD Zip Code 21842  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **384.80**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : A2014-2140002**  
Amount of Each Receipt this Period **19.24**

**B. Ms. Kathy Beckett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8444 Tibet Butler Dr  
City Windermere State FL Zip Code 34786  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President of Clinical Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 25 / 2014**  
**Transaction ID : A2014-1582599**  
Amount of Each Receipt this Period **19.24**

**C. Ms. Kathy Beckett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8444 Tibet Butler Dr  
City Windermere State FL Zip Code 34786  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President of Clinical Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.84**

Date of Receipt **08 / 08 / 2014**  
**Transaction ID : A2014-1849150**  
Amount of Each Receipt this Period **19.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 180
	<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. Ms. Kathy Beckett**  
Full Name (Last, First, Middle Initial)

Mailing Address 8444 Tibet Butler Dr

City Windermere State FL Zip Code 34786

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt **08 / 22 / 2014**

**Transaction ID : A2014-1953463**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 8444 Tibet Butler Dr

City Windermere State FL Zip Code 34786

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **09 / 05 / 2014**

**Transaction ID : A2014-1973713**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 8444 Tibet Butler Dr

City Windermere State FL Zip Code 34786

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **09 / 19 / 2014**

**Transaction ID : A2014-2117465**

Amount of Each Receipt this Period **19.24**

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

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

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

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

FOR LINE NUMBER: PAGE 12 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Robert J Bein**

Mailing Address 545 Mud College Road

City Littlestown      State PA      Zip Code 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1230.88**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612083**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert J Bein**

Mailing Address 545 Mud College Road

City Littlestown      State PA      Zip Code 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.81**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849054**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert J Bein**

Mailing Address 545 Mud College Road

City Littlestown      State PA      Zip Code 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.74**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953465**

Amount of Each Receipt this Period  
**76.93**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.79**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 180
	<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. Mr. Robert J Bein**  
Full Name (Last, First, Middle Initial)

Mailing Address 545 Mud College Road

City Littlestown State PA Zip Code 17340

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1461.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : A2014-2117367**

Amount of Each Receipt this Period  
**76.93**

**B. Mr. Robert J Bein**  
Full Name (Last, First, Middle Initial)

Mailing Address 545 Mud College Road

City Littlestown State PA Zip Code 17340

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A2014-2140003**

Amount of Each Receipt this Period  
**76.93**

**C. Mr. Dionisio Bencomo**  
Full Name (Last, First, Middle Initial)

Mailing Address 2851 SW 137 Court

City Miami State FL Zip Code 33175

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : A2014-1612084**

Amount of Each Receipt this Period  
**19.24**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>173.10</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 14 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849055**

Amount of Each Receipt this Period  
19.24

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953441**

Amount of Each Receipt this Period  
19.24

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117368**

Amount of Each Receipt this Period  
19.24

<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 15 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Dionisio Bencomo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **307.84**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : A2014-2140004**  
 Amount of Each Receipt this Period **19.24**

**B. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.12**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : A2014-1612085**  
 Amount of Each Receipt this Period **19.24**

**C. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **269.36**

Date of Receipt **08 / 15 / 2014**  
**Transaction ID : A2014-1849056**  
 Amount of Each Receipt this Period **19.24**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953471**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117369**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Kelly L Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3269 Blue Goose Road  
 City Nicktown State PA Zip Code 15762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140005**  
 Amount of Each Receipt this Period  
 19.24

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 180 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Edwin A Bodensiek</b> Mailing Address 3047 Terra Maria Way <hr/> City State Zip Code Ellicott City MD 21042 <hr/> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <hr/> Name of Employer Occupation Select Medical Corporation Vice President (Ex) <hr/> Receipt For: <span style="margin-left: 20px;">Aggregate Year-to-Date ▼</span> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="margin-left: 100px;"><span style="border: 1px solid black; padding: 2px;">1346.23</span></span>	Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 01 / 2014</span> <b>Transaction ID : A2014-1612086</b> <hr/> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">115.38</span>
---	---

Full Name (Last, First, Middle Initial) <b>B. Mr. Edwin A Bodensiek</b> Mailing Address 3047 Terra Maria Way <hr/> City State Zip Code Ellicott City MD 21042 <hr/> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <hr/> Name of Employer Occupation Select Medical Corporation Vice President (Ex) <hr/> Receipt For: <span style="margin-left: 20px;">Aggregate Year-to-Date ▼</span> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="margin-left: 100px;"><span style="border: 1px solid black; padding: 2px;">1461.61</span></span>	Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 15 / 2014</span> <b>Transaction ID : A2014-1849057</b> <hr/> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">115.38</span>
---	---

Full Name (Last, First, Middle Initial) <b>C. Mr. Edwin A Bodensiek</b> Mailing Address 3047 Terra Maria Way <hr/> City State Zip Code Ellicott City MD 21042 <hr/> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <hr/> Name of Employer Occupation Select Medical Corporation Vice President (Ex) <hr/> Receipt For: <span style="margin-left: 20px;">Aggregate Year-to-Date ▼</span> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="margin-left: 100px;"><span style="border: 1px solid black; padding: 2px;">1576.99</span></span>	Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 29 / 2014</span> <b>Transaction ID : A2014-1953482</b> <hr/> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">115.38</span>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">346.14</span>
<b>TOTAL</b> This Period (last page this line number only).....▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </span>

**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 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Edwin A Bodensiek**

Mailing Address 3047 Terra Maria Way

City State Zip Code  
Ellicott City MD 21042

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117370**

Amount of Each Receipt this Period  
115.38

Full Name (Last, First, Middle Initial)  
**B. Mr. Edwin A Bodensiek**

Mailing Address 3047 Terra Maria Way

City State Zip Code  
Ellicott City MD 21042

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1807.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140006**

Amount of Each Receipt this Period  
115.38

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

Mailing Address 341 R L Wheeler Rd

City State Zip Code  
Macon GA 31211

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612087**

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849058**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953479**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117371**

Amount of Each Receipt this Period  
 19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 180
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 341 R L Wheeler Rd

City Macon State GA Zip Code 31211

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A2014-2140007**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 605 Chestnut St.

City Stirling State NJ Zip Code 07980

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

Name of Employer Select Medical Corporation Occupation President (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : A2014-1612088**

Amount of Each Receipt this Period  
**115.39**

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

Mailing Address 605 Chestnut St.

City Stirling State NJ Zip Code 07980

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

Name of Employer Select Medical Corporation Occupation President (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1961.63**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : A2014-1849059**

Amount of Each Receipt this Period  
**115.39**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.02</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 21 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert H Brehm</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014 <b>Transaction ID : A2014-1953448</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert H Brehm</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014 <b>Transaction ID : A2014-2117372</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert H Brehm</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014 <b>Transaction ID : A2014-2140008</b>
Mailing Address 605 Chestnut St.		Amount of Each Receipt this Period 115.39
City Stirling	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.80	

<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 22 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612089**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849060**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953434**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 23 OF 180  
(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. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117373**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140009**  
 Amount of Each Receipt this Period  
 19.24

**c. Mr. Douglas L Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Sawmill Road  
 City State Zip Code  
 Dillsburg PA 17019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Senior Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1904012**  
 Amount of Each Receipt this Period  
 115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 153.87  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 5324 Meadow Breeze Drive

City Liberty Township State OH Zip Code 45011

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt **08 / 01 / 2014**

**Transaction ID : A2014-1612090**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 5324 Meadow Breeze Drive

City Liberty Township State OH Zip Code 45011

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt **08 / 15 / 2014**

**Transaction ID : A2014-1849061**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 5324 Meadow Breeze Drive

City Liberty Township State OH Zip Code 45011

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **08 / 29 / 2014**

**Transaction ID : A2014-1953497**

Amount of Each Receipt this Period **19.24**

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 180
	<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. Mr. Mark S Brodeur**  
Full Name (Last, First, Middle Initial)

Mailing Address 5324 Meadow Breeze Drive

City Liberty Township State OH Zip Code 45011

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117374**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 5324 Meadow Breeze Drive

City Liberty Township State OH Zip Code 45011

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140010**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 1 Chantilly Court

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612091**

Amount of Each Receipt this Period  
**115.39**

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1 Chantilly Court

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849062**

Amount of Each Receipt this Period  
115.39

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

Mailing Address 1 Chantilly Court

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953415**

Amount of Each Receipt this Period  
115.39

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

Mailing Address 1 Chantilly Court

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117375**

Amount of Each Receipt this Period  
115.39

**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 27 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1 Chantilly Court

City Mechanicsburg      State PA      Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140011**

Amount of Each Receipt this Period  
 115.39

Full Name (Last, First, Middle Initial)  
**B. Mr. Raymond F Carnevale**

Mailing Address 5801 Gemini Dr. Apt. 305

City Madison      State WI      Zip Code 53718

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612092**

Amount of Each Receipt this Period  
 76.93

Full Name (Last, First, Middle Initial)  
**c. Mr. Raymond F Carnevale**

Mailing Address 5801 Gemini Dr. Apt. 305

City Madison      State WI      Zip Code 53718

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849063**

Amount of Each Receipt this Period  
 76.93

**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 28 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Raymond F Carnevale**

Mailing Address 5801 Gemini Dr. Apt. 305

City State Zip Code  
Madison WI 53718

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953501**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. Raymond F Carnevale**

Mailing Address 5801 Gemini Dr. Apt. 305

City State Zip Code  
Madison WI 53718

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.95

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117376**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. Raymond F Carnevale**

Mailing Address 5801 Gemini Dr. Apt. 305

City State Zip Code  
Madison WI 53718

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.88

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140012**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.79**

**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 29 OF 180
	<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. Russell L Carson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 930 Fifth Avenue  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A2014-2157612**  
Amount of Each Receipt this Period 5000.00

**B. Mrs. Marinella Castroman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2971 Stanfield Avenue  
City Orlando State FL Zip Code 32814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612093**  
Amount of Each Receipt this Period 115.39

**C. Mrs. Marinella Castroman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2971 Stanfield Avenue  
City Orlando State FL Zip Code 32814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849064**  
Amount of Each Receipt this Period 115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5230.78  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Marinella Castroman</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-1953422</b>
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Marinella Castroman</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : A2014-2117377</b>
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Marinella Castroman</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : A2014-2140013</b>
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.80	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kiley P Cedotal</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : A2014-1612094</b>
Mailing Address 110 Casa Bella Court		Amount of Each Receipt this Period 19.24
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date 307.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Kiley P Cedotal</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : A2014-1849065</b>
Mailing Address 110 Casa Bella Court		Amount of Each Receipt this Period 19.24
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date 327.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Kiley P Cedotal</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953498</b>
Mailing Address 110 Casa Bella Court		Amount of Each Receipt this Period 19.24
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Administrator (Ex)		Aggregate Year-to-Date 346.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 32 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Kiley P Cedotal</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : A2014-2117378</b>
Mailing Address 110 Casa Bella Court		Amount of Each Receipt this Period 19.24
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kiley P Cedotal</b>		Date of Receipt 09 / 26 / 2014 <b>Transaction ID : A2014-2140014</b>
Mailing Address 110 Casa Bella Court		Amount of Each Receipt this Period 19.24
City Mandeville	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

Full Name (Last, First, Middle Initial) <b>C. Mr. David S Chernow</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : A2014-2157609</b>
Mailing Address 109 Lavyndon Lane		Amount of Each Receipt this Period 5000.00
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5038.48
<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 180  
(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. Mrs. Melinda D Comer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612095**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Melinda D Comer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849066**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Melinda D Comer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953418**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mrs. Melinda D Comer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117379**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Melinda D Comer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140015**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Jevne R Conover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612096**  
 Amount of Each Receipt this Period  
 76.93

<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 35 OF 180
	<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. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1307.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849067**

Amount of Each Receipt this Period  
76.93

**B. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953510**

Amount of Each Receipt this Period  
76.93

**C. Mr. Jevne R Conover**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11896 Lakeshore Drive

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117380**

Amount of Each Receipt this Period  
76.93

<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 36 OF 180
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Jevne R Conover**

Mailing Address 11896 Lakeshore Drive

City State Zip Code  
Grand Haven MI 49417

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : A2014-2140016**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Bryan C Cressey**

Mailing Address 500 W County Line Rd

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
Select Medical Corporation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A2014-2157616**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Fred R Cullen**

Mailing Address 564 Fawnhill Drive

City State Zip Code  
Langhorne PA 19047

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : A2014-1612097**

Amount of Each Receipt this Period  
115.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5192.32
<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 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Fred R Cullen</b>		Date of Receipt
Mailing Address 564 Fawnhill Drive		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Langhorne State PA Zip Code 19047		<b>Transaction ID : A2014-1849068</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1961.63"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Fred R Cullen</b>		Date of Receipt
Mailing Address 564 Fawnhill Drive		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Langhorne State PA Zip Code 19047		<b>Transaction ID : A2014-1953428</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2077.02"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Fred R Cullen</b>		Date of Receipt
Mailing Address 564 Fawnhill Drive		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Langhorne State PA Zip Code 19047		<b>Transaction ID : A2014-2117381</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2192.41"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.17"/>
<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 38 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mr. Fred R Cullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 564 Fawnhill Drive  
 City Langhorne State PA Zip Code 19047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140017**  
 Amount of Each Receipt this Period  
 115.39

**B. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 Linda Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612098**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 Linda Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849069**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 180  
(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. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 Linda Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953425**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 Linda Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117382**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Carolyn N Curnane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 Linda Drive  
 City West Chester State PA Zip Code 19380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140018**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 40 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian E Davis</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : A2014-1612099</b>
Mailing Address 1211 High Hollow			Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1846.24	
Name of Employer Select Medical Corporation		Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian E Davis</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : A2014-1849070</b>
Mailing Address 1211 High Hollow			Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1961.63	
Name of Employer Select Medical Corporation		Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian E Davis</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-1953442</b>
Mailing Address 1211 High Hollow			Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2077.02	
Name of Employer Select Medical Corporation		Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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 41 OF 180  
(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. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117383**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140019**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612100**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 180
	<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. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849071**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953467**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117384**  
 Amount of Each Receipt this Period  
 19.24

<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 43 OF 180
	<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. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140020**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612101**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849072**  
 Amount of Each Receipt this Period  
 115.39

<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: PAGE 44 OF 180  
(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. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953433**  
 Amount of Each Receipt this Period  
 115.39

**B. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117385**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140021**  
 Amount of Each Receipt this Period  
 115.39

**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 45 OF 180
	<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. Mrs. Stefanie A Dean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6421 Farmcrest Lane

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : A2014-1612102**

Amount of Each Receipt this Period  
76.93

**B. Mrs. Stefanie A Dean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6421 Farmcrest Lane

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1307.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849073**

Amount of Each Receipt this Period  
76.93

**C. Mrs. Stefanie A Dean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6421 Farmcrest Lane

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953430**

Amount of Each Receipt this Period  
76.93

<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: PAGE 46 OF 180  
(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. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117386**  
 Amount of Each Receipt this Period  
 76.93

**B. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140022**  
 Amount of Each Receipt this Period  
 76.93

**C. Mrs. Miriam R Deemer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Trombley  
 City Grosse Pointe Park State MI Zip Code 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612103**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 180
	<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. Mrs. Miriam R Deemer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Trombley  
 City State Zip Code  
 Grosse Pointe Park MI 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849074**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Miriam R Deemer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Trombley  
 City State Zip Code  
 Grosse Pointe Park MI 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953483**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Miriam R Deemer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Trombley  
 City State Zip Code  
 Grosse Pointe Park MI 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117387**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mrs. Miriam R Deemer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Trombley  
 City State Zip Code  
 Grosse Pointe Park MI 48230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140023**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Anthony F DeFelice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Blue Ribbon Drive  
 City State Zip Code  
 Elizabethtown PA 17022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612104**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Anthony F DeFelice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Blue Ribbon Drive  
 City State Zip Code  
 Elizabethtown PA 17022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849075**  
 Amount of Each Receipt this Period  
 76.93

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.10
<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 180  
(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. Mr. Anthony F DeFelice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Blue Ribbon Drive  
 City Elizabethtown State PA Zip Code 17022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953507**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Anthony F DeFelice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Blue Ribbon Drive  
 City Elizabethtown State PA Zip Code 17022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117388**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Anthony F DeFelice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Blue Ribbon Drive  
 City Elizabethtown State PA Zip Code 17022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1307.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140024**  
 Amount of Each Receipt this Period  
 76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David J DeGumbia</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : A2014-1612105</b>
Mailing Address 383 Pattonwood Dr		Amount of Each Receipt this Period 115.39
City Southington	State CT	Zip Code 06489
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Senior Vice President (Ex)		Aggregate Year-to-Date 1846.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. David J DeGumbia</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : A2014-1849076</b>
Mailing Address 383 Pattonwood Dr		Amount of Each Receipt this Period 115.39
City Southington	State CT	Zip Code 06489
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Senior Vice President (Ex)		Aggregate Year-to-Date 1961.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. David J DeGumbia</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953462</b>
Mailing Address 383 Pattonwood Dr		Amount of Each Receipt this Period 115.39
City Southington	State CT	Zip Code 06489
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	
Occupation Senior Vice President (Ex)		Aggregate Year-to-Date 2077.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 51 OF 180  
(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. Mr. David J DeGumbia**

Full Name (Last, First, Middle Initial)  
Mailing Address 383 Pattonwood Dr

City Southington State CT Zip Code 06489

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2192.41**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : A2014-2117389**

Amount of Each Receipt this Period **115.39**

**B. Mr. David J DeGumbia**

Full Name (Last, First, Middle Initial)  
Mailing Address 383 Pattonwood Dr

City Southington State CT Zip Code 06489

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2307.80**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : A2014-2140025**

Amount of Each Receipt this Period **115.39**

**C. Ms. Julie A DeJean**

Full Name (Last, First, Middle Initial)  
Mailing Address 3126 E. Valley Water Mill Road Apt

City Springfield State MO Zip Code 65803

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : A2014-1612106**

Amount of Each Receipt this Period **19.24**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 180
	<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. Ms. Julie A DeJean**  
Full Name (Last, First, Middle Initial)

Mailing Address 3126 E. Valley Water Mill Road Apt

City Springfield	State MO	Zip Code 65803
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.12**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849077**

Amount of Each Receipt this Period  

19.24
-------

**B. Ms. Julie A DeJean**  
Full Name (Last, First, Middle Initial)

Mailing Address 3126 E. Valley Water Mill Road Apt

City Springfield	State MO	Zip Code 65803
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953500**

Amount of Each Receipt this Period  

19.24
-------

**C. Ms. Julie A DeJean**  
Full Name (Last, First, Middle Initial)

Mailing Address 3126 E. Valley Water Mill Road Apt

City Springfield	State MO	Zip Code 65803
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117390**

Amount of Each Receipt this Period  

19.24
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</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 53 OF 180
	<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. Ms. Julie A DeJean**  
Full Name (Last, First, Middle Initial)

Mailing Address 3126 E. Valley Water Mill Road Apt

City Springfield	State MO	Zip Code 65803
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140026**

Amount of Each Receipt this Period  

19.24
-------

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

Mailing Address 38 Van Doren Way

City Belle Mead	State NJ	Zip Code 08502
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : A2014-1612107**

Amount of Each Receipt this Period  

19.24
-------

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

Mailing Address 38 Van Doren Way

City Belle Mead	State NJ	Zip Code 08502
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849078**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 180  
(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. Mr. Philip J Driscoll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Van Doren Way  
 City Belle Mead State NJ Zip Code 08502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953447**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Philip J Driscoll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Van Doren Way  
 City Belle Mead State NJ Zip Code 08502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117391**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Philip J Driscoll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Van Doren Way  
 City Belle Mead State NJ Zip Code 08502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140027**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 55 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt **08 / 01 / 2014**  
**Transaction ID : A2014-1612108**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt **08 / 15 / 2014**  
**Transaction ID : A2014-1849079**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **08 / 29 / 2014**  
**Transaction ID : A2014-1953509**

Amount of Each Receipt this Period **19.24**

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

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

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

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

FOR LINE NUMBER: PAGE 56 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117392**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 1838 Red Spruce Lane

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140028**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**C. James S Ely III**

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 Select Medical Corporation Occupation 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 / 2014  
**Transaction ID : A2014-2157611**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **5038.48**

**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 57 OF 180  
(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. Mr. David D Engelhardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 Irene Circle  
 City Roseville State MN Zip Code 55113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612109**  
 Amount of Each Receipt this Period 19.24

**B. Mr. David D Engelhardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 Irene Circle  
 City Roseville State MN Zip Code 55113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849080**  
 Amount of Each Receipt this Period 19.24

**C. Mr. David D Engelhardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 Irene Circle  
 City Roseville State MN Zip Code 55113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 29 / 2014  
**Transaction ID : A2014-1953427**  
 Amount of Each Receipt this Period 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 180
	<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. Mr. David D Engelhardt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117393**

Amount of Each Receipt this Period  

19.24
-------

**B. Mr. David D Engelhardt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140029**

Amount of Each Receipt this Period  

19.24
-------

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

Mailing Address 939 Arlington Glen Drive

City Fenton	State MO	Zip Code 63026
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : A2014-1612111**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 180
	(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. Ms. Patti Finnegan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 939 Arlington Glen Drive

City Fenton	State MO	Zip Code 63026
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849082**

Amount of Each Receipt this Period  

19.24
-------

**B. Ms. Patti Finnegan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 939 Arlington Glen Drive

City Fenton	State MO	Zip Code 63026
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953473**

Amount of Each Receipt this Period  

19.24
-------

**C. Ms. Patti Finnegan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 939 Arlington Glen Drive

City Fenton	State MO	Zip Code 63026
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117395**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</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 60 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 939 Arlington Glen Drive

City Fenton State MO Zip Code 63026

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : A2014-2140031**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.24**

Date of Receipt  
**08 / 01 / 2014**  
**Transaction ID : A2014-1612112**

Amount of Each Receipt this Period  
**115.39**

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

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1961.63**

Date of Receipt  
**08 / 15 / 2014**  
**Transaction ID : A2014-1849083**

Amount of Each Receipt this Period  
**115.39**

**SUBTOTAL** of Receipts This Page (optional)..... **250.02**

**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 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Bruce Gans</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-1953446</b>
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name (Last, First, Middle Initial) <b>B. Bruce Gans</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : A2014-2117396</b>
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41	

Full Name (Last, First, Middle Initial) <b>C. Bruce Gans</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : A2014-2140032</b>
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.80	

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

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

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

FOR LINE NUMBER: PAGE 62 OF 180  
(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. Mr. Peter J Gillard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Madera Court  
 City State Zip Code  
 Allen TX 75013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1582600**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Peter J Gillard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Madera Court  
 City State Zip Code  
 Allen TX 75013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : A2014-1849151**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Peter J Gillard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Madera Court  
 City State Zip Code  
 Allen TX 75013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : A2014-1953461**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Peter J Gillard</b>			Date of Receipt MM / DD / YYYY 09 / 05 / 2014 <b>Transaction ID : A2014-1973714</b>
Mailing Address 1001 Madera Court			Amount of Each Receipt this Period 19.24
City Allen	State TX	Zip Code 75013	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 307.84	
Name of Employer Select Medical Corporation		Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Peter J Gillard</b>			Date of Receipt MM / DD / YYYY 09 / 19 / 2014 <b>Transaction ID : A2014-2117466</b>
Mailing Address 1001 Madera Court			Amount of Each Receipt this Period 19.24
City Allen	State TX	Zip Code 75013	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 327.08	
Name of Employer Select Medical Corporation		Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. David L Goodson</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : A2014-1612114</b>
Mailing Address 1059 Lionsgate Lane			Amount of Each Receipt this Period 19.24
City Gulf Breeze	State FL	Zip Code 32563	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 307.84	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 180  
(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. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City State Zip Code  
 Gulf Breeze FL 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849085**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City State Zip Code  
 Gulf Breeze FL 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953489**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City State Zip Code  
 Gulf Breeze FL 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117398**  
 Amount of Each Receipt this Period  
 19.24

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



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

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

FOR LINE NUMBER: PAGE 65 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. David L Goodson**

Mailing Address 1059 Lionsgate Lane

City State Zip Code  
Gulf Breeze FL 32563

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140034**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. Antony M Grigonis**

Mailing Address 1636 Lowell Lane

City State Zip Code  
New Cumberland PA 17070

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612115**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. Antony M Grigonis**

Mailing Address 1636 Lowell Lane

City State Zip Code  
New Cumberland PA 17070

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849086**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.10

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

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

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

FOR LINE NUMBER: PAGE 66 OF 180  
(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. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 Lowell Lane  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953477**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 Lowell Lane  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117399**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 Lowell Lane  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140035**  
 Amount of Each Receipt this Period  
 76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79  
**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 67 OF 180
	<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. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612116**  
 Amount of Each Receipt this Period  
 115.39

**B. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849087**  
 Amount of Each Receipt this Period  
 115.39

**C. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953499**  
 Amount of Each Receipt this Period  
 115.39

<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 68 OF 180
	<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. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117400**  
 Amount of Each Receipt this Period  
 115.39

**B. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140036**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612117**  
 Amount of Each Receipt this Period  
 76.93

<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 69 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1307.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849088**  
 Amount of Each Receipt this Period  
 76.93

**B. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953453**  
 Amount of Each Receipt this Period  
 76.93

**C. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117401**  
 Amount of Each Receipt this Period  
 76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79  
**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 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140037**  
 Amount of Each Receipt this Period  
 76.93

**B. Ms. Robin Hedeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612118**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Robin Hedeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849089**  
 Amount of Each Receipt this Period  
 19.24

<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 71 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Robin Hedeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953445**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Robin Hedeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 W Main St PO 194  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117402**  
 Amount of Each Receipt this Period  
 19.24

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140038**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 72 OF 180  
(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. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612120**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849091**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Stephanie R James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953480**  
 Amount of Each Receipt this Period  
 19.24

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 180
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Stephanie R James</b>		Date of Receipt
Mailing Address 740 Parkins Mill Rd.		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Greenville State SC Zip Code 29607		<b>Transaction ID : A2014-2117404</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="288.60"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Stephanie R James</b>		Date of Receipt
Mailing Address 740 Parkins Mill Rd.		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Greenville State SC Zip Code 29607		<b>Transaction ID : A2014-2140040</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.84"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne E Jurenc</b>		Date of Receipt
Mailing Address 12140 N. River Rd.		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Mequon State WI Zip Code 53092		<b>Transaction ID : A2014-1612121</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.84"/>	

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

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

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

FOR LINE NUMBER: PAGE 74 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Anne E Jurenec</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 <b>Transaction ID : A2014-1849092</b>		
Mailing Address 12140 N. River Rd.			Amount of Each Receipt this Period 19.24		
City Mequon	State WI	Zip Code 53092			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 327.08			

Full Name (Last, First, Middle Initial) <b>B. Ms. Anne E Jurenec</b>			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-1953505</b>		
Mailing Address 12140 N. River Rd.			Amount of Each Receipt this Period 19.24		
City Mequon	State WI	Zip Code 53092			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.32			

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne E Jurenec</b>			Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : A2014-2117405</b>		
Mailing Address 12140 N. River Rd.			Amount of Each Receipt this Period 19.24		
City Mequon	State WI	Zip Code 53092			
FEC ID number of contributing federal political committee. C					
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.56			

<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 75 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Ms. Anne E Jurenc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12140 N. River Rd.  
 City Mequon State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140041**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612122**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1307.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849093**  
 Amount of Each Receipt this Period  
 76.93

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.10
<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 180
	<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. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953439**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117406**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : A2014-2140042**  
 Amount of Each Receipt this Period  
 76.93

<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: PAGE 77 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 228 Brewster

City Rochester Hills      State MI      Zip Code 48309

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612123**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 228 Brewster

City Rochester Hills      State MI      Zip Code 48309

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849094**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 228 Brewster

City Rochester Hills      State MI      Zip Code 48309

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953437**

Amount of Each Receipt this Period  
 19.24

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

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

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

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

FOR LINE NUMBER: PAGE 78 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 228 Brewster

City Rochester Hills      State MI      Zip Code 48309

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117407**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 228 Brewster

City Rochester Hills      State MI      Zip Code 48309

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140043**

Amount of Each Receipt this Period  
 19.24

Full Name (Last, First, Middle Initial)  
**C. Mr. Kristofer C Kitzke**

Mailing Address 873 Winterfields Drive

City Cordova      State TN      Zip Code 38018

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612124**

Amount of Each Receipt this Period  
 19.24

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

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

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

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

FOR LINE NUMBER: PAGE 79 OF 180  
(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. Mr. Kristofer C Kitzke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 873 Winterfields Drive  
 City Cordova State TN Zip Code 38018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849095**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Kristofer C Kitzke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 873 Winterfields Drive  
 City Cordova State TN Zip Code 38018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953490**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Kristofer C Kitzke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 873 Winterfields Drive  
 City Cordova State TN Zip Code 38018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117408**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 80 OF 180  
(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. Mr. Kristofer C Kitzke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 873 Winterfields Drive  
 City Cordova State TN Zip Code 38018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140044**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5167 Carlson Dairy Road  
 City Summerfield State NC Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612125**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5167 Carlson Dairy Road  
 City Summerfield State NC Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849096**  
 Amount of Each Receipt this Period  
 19.24

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



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

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

FOR LINE NUMBER: PAGE 81 OF 180  
(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. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5167 Carlson Dairy Road  
 City Summerfield State NC Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953484**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5167 Carlson Dairy Road  
 City Summerfield State NC Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117409**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Wilma D Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5167 Carlson Dairy Road  
 City Summerfield State NC Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140045**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 82 OF 180  
(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. Mrs. Laurie Kozorosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 North Marian Street  
 City Ebensburg State PA Zip Code 15931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612126**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Laurie Kozorosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 North Marian Street  
 City Ebensburg State PA Zip Code 15931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849097**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Laurie Kozorosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 North Marian Street  
 City Ebensburg State PA Zip Code 15931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953414**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Laurie Kozorosky</b>		Date of Receipt
Mailing Address 730 North Marian Street		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Ebensburg PA 15931		<b>Transaction ID : A2014-2117410</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.84"/>	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Laurie Kozorosky</b>		Date of Receipt
Mailing Address 730 North Marian Street		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Ebensburg PA 15931		<b>Transaction ID : A2014-2140046</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="327.08"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Aleksey N Kurmakov</b>		Date of Receipt
Mailing Address 2413 Toftree Drive		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code Harrisburg PA 17112		<b>Transaction ID : A2014-1612127</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1230.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 84 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Aleksey N Kurmakov**

Mailing Address 2413 Toftree Drive

City Harrisburg State PA Zip Code 17112

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849098**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**B. Mr. Aleksey N Kurmakov**

Mailing Address 2413 Toftree Drive

City Harrisburg State PA Zip Code 17112

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953417**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mr. Aleksey N Kurmakov**

Mailing Address 2413 Toftree Drive

City Harrisburg State PA Zip Code 17112

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1461.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117411**

Amount of Each Receipt this Period  
**76.93**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.79**

**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 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Aleksey N Kurmakov**

Mailing Address 2413 Toftree Drive

City Harrisburg State PA Zip Code 17112

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140047**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. Bernard Lewandowski**

Mailing Address 26 Joseph Drive

City Boiling Springs State PA Zip Code 17007

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612128**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Mr. Bernard Lewandowski**

Mailing Address 26 Joseph Drive

City Boiling Springs State PA Zip Code 17007

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849099**

Amount of Each Receipt this Period  
19.24

**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 86 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953438**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117412**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140048**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.24  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 87 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**07 / 25 / 2014**

**Transaction ID : A2014-1582601**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Ms. Lauren B Lindley**

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 08 / 2014**

**Transaction ID : A2014-1849152**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 22 / 2014**

**Transaction ID : A2014-1953460**

Amount of Each Receipt this Period  
**19.24**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 180
	(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. Ms. Lauren B Lindley**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : A2014-1973715**

Amount of Each Receipt this Period  
**19.24**

**B. Ms. Lauren B Lindley**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2117468**

Amount of Each Receipt this Period  
**19.24**

**C. Mrs. Adriane L Lutes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2371 Pullman Way

City Hummelstown State PA Zip Code 17036

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.23**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612129**

Amount of Each Receipt this Period  
**76.93**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.41</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 89 OF 180
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mrs. Adriane L Lutes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2371 Pullman Way  
 City Hummelstown State PA Zip Code 17036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849100**  
 Amount of Each Receipt this Period  
 76.93

**B. Mrs. Adriane L Lutes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2371 Pullman Way  
 City Hummelstown State PA Zip Code 17036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953409**  
 Amount of Each Receipt this Period  
 76.93

**C. Mrs. Adriane L Lutes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2371 Pullman Way  
 City Hummelstown State PA Zip Code 17036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117413**  
 Amount of Each Receipt this Period  
 76.93

<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 90 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Mrs. Adriane L Lutes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2371 Pullman Way  
 City Hummelstown State PA Zip Code 17036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140049**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 884.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612130**  
 Amount of Each Receipt this Period  
 115.38

**C. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City Schwenksville State PA Zip Code 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849101**  
 Amount of Each Receipt this Period  
 115.38

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.69
<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 91 OF 180
	<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. Mr. Michael F Malatesta**

Full Name (Last, First, Middle Initial)  
Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1115.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953426**

Amount of Each Receipt this Period  
115.38

**B. Mr. Michael F Malatesta**

Full Name (Last, First, Middle Initial)  
Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117414**

Amount of Each Receipt this Period  
115.38

**C. Mr. Michael F Malatesta**

Full Name (Last, First, Middle Initial)  
Mailing Address 4145 Serenity Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140050**

Amount of Each Receipt this Period  
115.38

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

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

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

FOR LINE NUMBER: PAGE 92 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Brian Mann**

Mailing Address 1060 Trevorton Road

City Coal Township      State PA      Zip Code 17866

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612131**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. Brian Mann**

Mailing Address 1060 Trevorton Road

City Coal Township      State PA      Zip Code 17866

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849102**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Mr. Brian Mann**

Mailing Address 1060 Trevorton Road

City Coal Township      State PA      Zip Code 17866

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953450**

Amount of Each Receipt this Period  
19.24

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

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

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

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

FOR LINE NUMBER: PAGE 93 OF 180  
(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. Mr. Brian Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Trevorton Road  
 City Coal Township State PA Zip Code 17866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117415**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Brian Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Trevorton Road  
 City Coal Township State PA Zip Code 17866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140051**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Christopher L Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612132**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 180
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	<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. Mr. Christopher L Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849103**  
 Amount of Each Receipt this Period 19.24

**B. Mr. Christopher L Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 08 / 29 / 2014  
**Transaction ID : A2014-1953420**  
 Amount of Each Receipt this Period 19.24

**C. Mr. Christopher L Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 09 / 12 / 2014  
**Transaction ID : A2014-2117416**  
 Amount of Each Receipt this Period 19.24

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

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

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

FOR LINE NUMBER: PAGE 95 OF 180  
(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. Mr. Christopher L Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4966 Cline Hollow Road  
 City Export State PA Zip Code 15632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 09 / 26 / 2014  
**Transaction ID : A2014-2140052**  
 Amount of Each Receipt this Period 19.24

**B. Mr. Anthony J Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 W Barbie Lane  
 City Phoenix State AZ Zip Code 85085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612133**  
 Amount of Each Receipt this Period 19.24

**C. Mr. Anthony J Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 W Barbie Lane  
 City Phoenix State AZ Zip Code 85085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849104**  
 Amount of Each Receipt this Period 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 180
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<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. Mr. Anthony J Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 W Barbie Lane  
 City Phoenix State AZ Zip Code 85085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953431**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Anthony J Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 W Barbie Lane  
 City Phoenix State AZ Zip Code 85085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117417**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Anthony J Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 W Barbie Lane  
 City Phoenix State AZ Zip Code 85085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : A2014-2140053**  
 Amount of Each Receipt this Period  
 19.24

<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 97 OF 180  
(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. Mrs. Debora A Martoccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612134**  
 Amount of Each Receipt this Period 19.24

**B. Mrs. Debora A Martoccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849105**  
 Amount of Each Receipt this Period 19.24

**C. Mrs. Debora A Martoccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 08 / 29 / 2014  
**Transaction ID : A2014-1953469**  
 Amount of Each Receipt this Period 19.24

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

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

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

FOR LINE NUMBER: PAGE 98 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mrs. Debora A Martoccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117418**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Debora A Martoccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140054**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612135**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 99 OF 180  
(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. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849106**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953472**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117419**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.24  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 100 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 5950 Fishing Creek Road

City State Zip Code  
Nolensville TN 37135

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140055**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 2452 Club Road

City State Zip Code  
Columbus OH 43221

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612136**

Amount of Each Receipt this Period  
115.39

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

Mailing Address 2452 Club Road

City State Zip Code  
Columbus OH 43221

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849107**

Amount of Each Receipt this Period  
115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.02

**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 101 OF 180  
(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. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953416**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117420**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Michael T McGovern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2452 Club Road  
 City Columbus State OH Zip Code 43221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140056**  
 Amount of Each Receipt this Period  
 115.39

**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 102 OF 180  
(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. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612137**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849108**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953504**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 180
	<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. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117421**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Barbara J Mobley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Copper Canyon  
 City The Colony State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140057**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Thomas P Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612138**  
 Amount of Each Receipt this Period  
 19.24

<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 104 OF 180  
(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. Mr. Thomas P Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849109**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Thomas P Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953455**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Thomas P Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117422**  
 Amount of Each Receipt this Period  
 19.24

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 180
	<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. Mr. Thomas P Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 St James Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140058**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1582602**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : A2014-1849153**  
 Amount of Each Receipt this Period  
 19.24

<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 106 OF 180
	<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. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  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 / 22 / 2014  
**Transaction ID : A2014-1953459**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : A2014-1973716**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Gregory C Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Castlebrook Dr  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2117469**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 180
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.88

Date of Receipt  
08 / 01 / 2014  
**Transaction ID : A2014-1612139**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1307.81

Date of Receipt  
08 / 15 / 2014  
**Transaction ID : A2014-1849110**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.74

Date of Receipt  
08 / 29 / 2014  
**Transaction ID : A2014-1953468**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mrs. Sharon A Noro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 3rd Street

City Aspinwall	State PA	Zip Code 15215
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117423**

Amount of Each Receipt this Period  
76.93

**B. Mrs. Sharon A Noro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 3rd Street

City Aspinwall	State PA	Zip Code 15215
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140059**

Amount of Each Receipt this Period  
76.93

**C. Mr. John F O'Malley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5614 Wembley Court

City Clarkston	State MI	Zip Code 48346
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : A2014-1612140**

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.10
<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 109 OF 180
	<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. Mr. John F O'Malley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5614 Wembley Court  
 City Clarkston State MI Zip Code 48346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849111**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. John F O'Malley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5614 Wembley Court  
 City Clarkston State MI Zip Code 48346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953485**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. John F O'Malley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5614 Wembley Court  
 City Clarkston State MI Zip Code 48346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117424**  
 Amount of Each Receipt this Period  
 19.24

<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 110 OF 180
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	<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. Mr. John F O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5614 Wembley Court

City Clarkston State MI Zip Code 48346

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140060**

Amount of Each Receipt this Period  
**19.24**

**B. Mr. Robert A Ortensio**  
Full Name (Last, First, Middle Initial)

Mailing Address 1716 Olmsted Way East

City Camp Hill State PA Zip Code 17011

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A2014-2157617**

Amount of Each Receipt this Period  
**5000.00**

**C. Mr. Rocco A Ortensio**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Westwind Drive

City Lemoyne State PA Zip Code 17043

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

Name of Employer Select Medical Corporation Occupation Executive Chairman (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A2014-2157614**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **10019.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Matthew P Pearson</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : A2014-1612141</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.24	

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew P Pearson</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : A2014-1849112</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.63	

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew P Pearson</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953475</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

<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 112 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Matthew P Pearson</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : A2014-2117425</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41	

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew P Pearson</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : A2014-2140061</b>
Mailing Address 4514 W 72nd Street		Amount of Each Receipt this Period 115.39
City Prairie Village	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.80	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Genise Pedrick</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : A2014-1612142</b>
Mailing Address 4771 Sweetshade Drive		Amount of Each Receipt this Period 19.24
City Sarasota	State FL	Zip Code 34241
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.84	

<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: PAGE 113 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4771 Sweetshade Drive

City State Zip Code  
Sarasota FL 34241

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849113**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 4771 Sweetshade Drive

City State Zip Code  
Sarasota FL 34241

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953432**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 4771 Sweetshade Drive

City State Zip Code  
Sarasota FL 34241

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117426**

Amount of Each Receipt this Period  
19.24

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

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

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

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

FOR LINE NUMBER: PAGE 114 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4771 Sweetshade Drive

City State Zip Code  
Sarasota FL 34241

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140062**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 5625 Preswick Drive

City State Zip Code  
Dublin OH 43017

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612143**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 5625 Preswick Drive

City State Zip Code  
Dublin OH 43017

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849114**

Amount of Each Receipt this Period  
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 180
	<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. Mrs. Lisa J Pettrey**  
Full Name (Last, First, Middle Initial)

Mailing Address 5625 Preswick Drive

City Dublin State OH Zip Code 43017

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **08 / 29 / 2014**

**Transaction ID : A2014-1953495**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 5625 Preswick Drive

City Dublin State OH Zip Code 43017

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt **09 / 12 / 2014**

**Transaction ID : A2014-2117427**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 5625 Preswick Drive

City Dublin State OH Zip Code 43017

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **09 / 26 / 2014**

**Transaction ID : A2014-2140063**

Amount of Each Receipt this Period **19.24**

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

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

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

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

FOR LINE NUMBER: PAGE 116 OF 180  
(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. Mr. William B Plasky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Country Club Dr  
 City State Zip Code  
 Oak Island NC 28465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Regional Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612144**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. William B Plasky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Country Club Dr  
 City State Zip Code  
 Oak Island NC 28465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Regional Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849115**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. William B Plasky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Country Club Dr  
 City State Zip Code  
 Oak Island NC 28465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Regional Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953466**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 180
	<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. Mr. William B Plasky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Country Club Dr  
 City State Zip Code  
 Oak Island NC 28465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Regional Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117428**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Steve C Plumlee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12311 Bonnybridge Lane  
 City State Zip Code  
 Knoxville TN 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612145**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Steve C Plumlee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12311 Bonnybridge Lane  
 City State Zip Code  
 Knoxville TN 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849116**  
 Amount of Each Receipt this Period  
 19.24

<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 118 OF 180  
(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. Mr. Steve C Plumlee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12311 Bonnybridge Lane  
 City State Zip Code  
 Knoxville TN 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953436**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Steve C Plumlee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12311 Bonnybridge Lane  
 City State Zip Code  
 Knoxville TN 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117429**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Steve C Plumlee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12311 Bonnybridge Lane  
 City State Zip Code  
 Knoxville TN 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140064**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 119 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Fabian E Polo**

Mailing Address 4713 Parkhaven Dr.

City State Zip Code  
Garland TX 75043

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612146**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. Fabian E Polo**

Mailing Address 4713 Parkhaven Dr.

City State Zip Code  
Garland TX 75043

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

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

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 / 15 / 2014  
**Transaction ID : A2014-1849117**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Mr. Fabian E Polo**

Mailing Address 4713 Parkhaven Dr.

City State Zip Code  
Garland TX 75043

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953503**

Amount of Each Receipt this Period  
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 180
	<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. Mr. Fabian E Polo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4713 Parkhaven Dr.  
City Garland State TX Zip Code 75043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 12 / 2014  
**Transaction ID : A2014-2117430**  
Amount of Each Receipt this Period 19.24

**B. Mr. Fabian E Polo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4713 Parkhaven Dr.  
City Garland State TX Zip Code 75043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 26 / 2014  
**Transaction ID : A2014-2140065**  
Amount of Each Receipt this Period 19.24

**C. Ms. Budine Pucylowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 140 Old Vineyard Lane  
City Heath State TX Zip Code 75032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President of Business Developm  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612147**  
Amount of Each Receipt this Period 19.24

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



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

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

FOR LINE NUMBER: PAGE 121 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Budine Pucylowski**

Mailing Address 140 Old Vineyard Lane

City State Zip Code  
Heath TX 75032

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

Name of Employer Occupation  
Select Medical Corporation Vice President of Business Developm

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849118**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Ms. Budine Pucylowski**

Mailing Address 140 Old Vineyard Lane

City State Zip Code  
Heath TX 75032

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

Name of Employer Occupation  
Select Medical Corporation Vice President of Business Developm

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953444**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Ms. Budine Pucylowski**

Mailing Address 140 Old Vineyard Lane

City State Zip Code  
Heath TX 75032

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

Name of Employer Occupation  
Select Medical Corporation Vice President of Business Developm

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  
 09 / 12 / 2014  
**Transaction ID : A2014-2117431**

Amount of Each Receipt this Period  
19.24

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

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

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

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

FOR LINE NUMBER: PAGE 122 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Budine Pucylowski**

Mailing Address 140 Old Vineyard Lane

City State Zip Code  
Heath TX 75032

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

Name of Employer Occupation  
Select Medical Corporation Vice President of Business Developm

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  
 09 / 26 / 2014  
**Transaction ID : A2014-2140066**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. John C Quinn**

Mailing Address 381 Longwood Drive

City State Zip Code  
Meridian MS 39305

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612148**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. John C Quinn**

Mailing Address 381 Longwood Drive

City State Zip Code  
Meridian MS 39305

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1307.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849119**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. John C Quinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 381 Longwood Drive

City Meridian	State MS	Zip Code 39305
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953478**

Amount of Each Receipt this Period  
76.93

**B. Mr. John C Quinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 381 Longwood Drive

City Meridian	State MS	Zip Code 39305
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117432**

Amount of Each Receipt this Period  
76.93

**C. Mr. John C Quinn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 381 Longwood Drive

City Meridian	State MS	Zip Code 39305
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140067**

Amount of Each Receipt this Period  
76.93

<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: PAGE 124 OF 180  
(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. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City State Zip Code  
 Cornelius NC 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612149**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City State Zip Code  
 Cornelius NC 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849120**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City State Zip Code  
 Cornelius NC 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953458**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 125 OF 180  
(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. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City State Zip Code  
 Cornelius NC 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117433**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoon Drive  
 City State Zip Code  
 Cornelius NC 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140068**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Curtis L Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Byrnes Road  
 City State Zip Code  
 North Augusta SC 29841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612150**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Curtis L Roberts</b>			Date of Receipt 08 / 15 / 2014 <b>Transaction ID : A2014-1849121</b>
Mailing Address 1909 Byrnes Road			Amount of Each Receipt this Period 19.24
City North Augusta	State SC	Zip Code 29841	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 327.08	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Curtis L Roberts</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953470</b>
Mailing Address 1909 Byrnes Road			Amount of Each Receipt this Period 19.24
City North Augusta	State SC	Zip Code 29841	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 346.32	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Curtis L Roberts</b>			Date of Receipt 09 / 12 / 2014 <b>Transaction ID : A2014-2117434</b>
Mailing Address 1909 Byrnes Road			Amount of Each Receipt this Period 19.24
City North Augusta	State SC	Zip Code 29841	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.56	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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 127 OF 180
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1909 Byrnes Road

City North Augusta State SC Zip Code 29841

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A2014-2140069**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Mr. James H Rogers**

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1230.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : A2014-1612151**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mr. James H Rogers**

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : A2014-1849122**

Amount of Each Receipt this Period  
**76.93**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **173.10**

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

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

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

FOR LINE NUMBER: PAGE 128 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. James H Rogers**

Mailing Address 106 Queens Retreat

City Savannah      State GA      Zip Code 31419

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953496**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. James H Rogers**

Mailing Address 106 Queens Retreat

City Savannah      State GA      Zip Code 31419

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117435**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. James H Rogers**

Mailing Address 106 Queens Retreat

City Savannah      State GA      Zip Code 31419

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

Name of Employer Select Medical Corporation      Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140070**

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79

**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 129 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2027 Sun Flower Ct.

City State Zip Code  
Chesterfield MO 63017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : A2014-1582603**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 2027 Sun Flower Ct.

City State Zip Code  
Chesterfield MO 63017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : A2014-1849154**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 2027 Sun Flower Ct.

City State Zip Code  
Chesterfield MO 63017

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : A2014-1953474**

Amount of Each Receipt this Period  
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2027 Sun Flower Ct.

City Chesterfield State MO Zip Code 63017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : A2014-1973717**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 2027 Sun Flower Ct.

City Chesterfield State MO Zip Code 63017

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : A2014-2117470**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 1339 Sconssett Way

City New Cumberland State PA Zip Code 17070

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.23**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : A2014-1612152**

Amount of Each Receipt this Period  
**115.38**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **153.86**

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

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

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

FOR LINE NUMBER: PAGE 131 OF 180  
(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. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.61

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849123**  
 Amount of Each Receipt this Period  
 115.38

**B. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1576.99

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953429**  
 Amount of Each Receipt this Period  
 115.38

**C. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 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 Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.37

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117436**  
 Amount of Each Receipt this Period  
 115.38

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.14  
**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 132 OF 180
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian R Rusignuolo</b>		Date of Receipt
Mailing Address 1339 Sconsett Way		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
New Cumberland	PA	17070
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-2140071</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1807.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffrey J Ruskan</b>		Date of Receipt
Mailing Address 304 Beechwood Drive		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Richmond	VA	23229
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-1612153</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1230.88"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey J Ruskan</b>		Date of Receipt
Mailing Address 304 Beechwood Drive		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Richmond	VA	23229
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-1849124</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1307.81"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="269.24"/>
<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 133 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jeffrey J Ruskan</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-1953506</b>
Mailing Address 304 Beechwood Drive		Amount of Each Receipt this Period 76.93
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.74	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffrey J Ruskan</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : A2014-2117437</b>
Mailing Address 304 Beechwood Drive		Amount of Each Receipt this Period 76.93
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.67	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey J Ruskan</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : A2014-2140072</b>
Mailing Address 304 Beechwood Drive		Amount of Each Receipt this Period 76.93
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.60	

<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 134 OF 180
	<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. Mr. John A Saich**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Daisy Lane

City Palmyra State PA Zip Code 17078

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A2014-2157610**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : A2014-1849155**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : A2014-1953424**

Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5038.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 180
	<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. Ms. Beth R Sarfaty**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : A2014-1973718**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : A2014-2117471**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 16 Lake Village Court

City Johnson City State TN Zip Code 37601

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612154**

Amount of Each Receipt this Period  
 115.39

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

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

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

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

FOR LINE NUMBER: PAGE 136 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 16 Lake Village Court

City State Zip Code  
Johnson City TN 37601

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.85

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849125**

Amount of Each Receipt this Period  
115.39

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

Mailing Address 16 Lake Village Court

City State Zip Code  
Johnson City TN 37601

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.24

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953452**

Amount of Each Receipt this Period  
115.39

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

Mailing Address 16 Lake Village Court

City State Zip Code  
Johnson City TN 37601

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1961.63

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117438**

Amount of Each Receipt this Period  
115.39

**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 137 OF 180  
(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. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Lake Village Court  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140073**  
 Amount of Each Receipt this Period  
 115.39

**B. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612155**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849126**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 153.87  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 180
	<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. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953511**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117439**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Linda P Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 SE 45th Street  
 City Topeka State KS Zip Code 66609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140074**  
 Amount of Each Receipt this Period  
 19.24

<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 139 OF 180
	<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. Mrs. Gloria J Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1685 North 700 West

City Columbus State IN Zip Code 47201

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612157**

Amount of Each Receipt this Period  
 19.24

**B. Mrs. Gloria J Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1685 North 700 West

City Columbus State IN Zip Code 47201

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849128**

Amount of Each Receipt this Period  
 19.24

**C. Mrs. Gloria J Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1685 North 700 West

City Columbus State IN Zip Code 47201

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953419**

Amount of Each Receipt this Period  
 19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 180
	<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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mrs. Gloria J Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117441**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Gloria J Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 North 700 West  
 City Columbus State IN Zip Code 47201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140076**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612156**  
 Amount of Each Receipt this Period  
 76.93

<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 141 OF 180  
(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. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1307.81

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849127**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953486**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117440**  
 Amount of Each Receipt this Period  
 76.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79  
**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 142 OF 180
	<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. Mr. Jon C Skinner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2524 Matterhorn Ln  
 City Flower Mound State TX Zip Code 75022-7879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140075**  
 Amount of Each Receipt this Period  
 76.93

**B. Mrs. Jeanne M Slane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6537 Caldecott Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612158**  
 Amount of Each Receipt this Period  
 19.24

**C. Mrs. Jeanne M Slane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6537 Caldecott Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849129**  
 Amount of Each Receipt this Period  
 19.24

<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 143 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Jeanne M Slane**

Mailing Address 6537 Caldecott Drive

City State Zip Code  
Naples FL 34113

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953423**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mrs. Jeanne M Slane**

Mailing Address 6537 Caldecott Drive

City State Zip Code  
Naples FL 34113

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117442**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Mrs. Jeanne M Slane**

Mailing Address 6537 Caldecott Drive

City State Zip Code  
Naples FL 34113

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140077**

Amount of Each Receipt this Period  
19.24

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

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

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

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

FOR LINE NUMBER: PAGE 144 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Nigel D Smith**

Mailing Address 9815 Vistadale Dr

City State Zip Code  
Dallas TX 75238-1529

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612159**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Mr. Nigel D Smith**

Mailing Address 9815 Vistadale Dr

City State Zip Code  
Dallas TX 75238-1529

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849130**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Mr. Nigel D Smith**

Mailing Address 9815 Vistadale Dr

City State Zip Code  
Dallas TX 75238-1529

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953487**

Amount of Each Receipt this Period  
19.24

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Nigel D Smith</b>		Date of Receipt
Mailing Address 9815 Vistadale Dr		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75238-1529
FEC ID number of contributing federal political committee.		<b>Transaction ID : A2014-2117443</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.56"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Nigel D Smith</b>		Date of Receipt
Mailing Address 9815 Vistadale Dr		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75238-1529
FEC ID number of contributing federal political committee.		<b>Transaction ID : A2014-2140078</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.80"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Robin R Smith</b>		Date of Receipt
Mailing Address 21 Bonnywick Drive		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17111
FEC ID number of contributing federal political committee.		<b>Transaction ID : A2014-1612160</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>
Name of Employer	Occupation	
Select Medical Corporation	Senior Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.88"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 146 OF 180  
(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. Ms. Robin R Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bonnywick Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849131**  
 Amount of Each Receipt this Period  
 19.24

**B. Ms. Robin R Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bonnywick Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953408**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Robin R Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bonnywick Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117444**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 147 OF 180  
(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. Ms. Robin R Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bonnywick Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 09 / 26 / 2014  
**Transaction ID : A2014-2140079**  
 Amount of Each Receipt this Period 19.24

**B. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612161**  
 Amount of Each Receipt this Period 76.93

**C. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849132**  
 Amount of Each Receipt this Period 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 180
	<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. Mr. John J St. Leger**  
Full Name (Last, First, Middle Initial)

Mailing Address 634 Blue Ridge Road

City Pittsburgh	State PA	Zip Code 15239
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953464**

Amount of Each Receipt this Period  
76.93

**B. Mr. John J St. Leger**  
Full Name (Last, First, Middle Initial)

Mailing Address 634 Blue Ridge Road

City Pittsburgh	State PA	Zip Code 15239
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117445**

Amount of Each Receipt this Period  
76.93

**C. Mr. John J St. Leger**  
Full Name (Last, First, Middle Initial)

Mailing Address 634 Blue Ridge Road

City Pittsburgh	State PA	Zip Code 15239
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1307.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140080**

Amount of Each Receipt this Period  
76.93

<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: PAGE 149 OF 180  
(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. Mr. Kurt S Streepy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612162**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Kurt S Streepy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849133**  
 Amount of Each Receipt this Period  
 19.24

**c. Mr. Kurt S Streepy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953435**  
 Amount of Each Receipt this Period  
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 180
	<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. Mr. Kurt S Streepy**  
Full Name (Last, First, Middle Initial)

Mailing Address 3128 Mattatha Drive

City Bloomington State IN Zip Code 47401

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt **09 / 12 / 2014**

**Transaction ID : A2014-2117446**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 3128 Mattatha Drive

City Bloomington State IN Zip Code 47401

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **09 / 26 / 2014**

**Transaction ID : A2014-2140081**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 2835 Elm Tree Park

City San Antonio State TX Zip Code 78259

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt **08 / 01 / 2014**

**Transaction ID : A2014-1612163**

Amount of Each Receipt this Period **19.24**

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

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

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

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

FOR LINE NUMBER: PAGE 151 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 2835 Elm Tree Park

City San Antonio State TX Zip Code 78259

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849134**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 2835 Elm Tree Park

City San Antonio State TX Zip Code 78259

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953454**

Amount of Each Receipt this Period  
 19.24

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

Mailing Address 2835 Elm Tree Park

City San Antonio State TX Zip Code 78259

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117447**

Amount of Each Receipt this Period  
 19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Sean A Stricker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2835 Elm Tree Park

City San Antonio	State TX	Zip Code 78259
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140082**

Amount of Each Receipt this Period  

19.24
-------

**B. Ms. Connie L Strickland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104 OakTree Drive

City Edmond	State OK	Zip Code 73025
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : A2014-1612164**

Amount of Each Receipt this Period  

19.24
-------

**C. Ms. Connie L Strickland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1104 OakTree Drive

City Edmond	State OK	Zip Code 73025
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849135**

Amount of Each Receipt this Period  

19.24
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.72</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 153 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ms. Connie L Strickland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 OakTree Drive  
 City Edmond State OK Zip Code 73025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **346.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 29 / 2014**  
**Transaction ID : A2014-1953413**  
 Amount of Each Receipt this Period  
**19.24**

**B. Ms. Connie L Strickland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 OakTree Drive  
 City Edmond State OK Zip Code 73025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **365.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**  
**Transaction ID : A2014-2117448**  
 Amount of Each Receipt this Period  
**19.24**

**C. Ms. Connie L Strickland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 OakTree Drive  
 City Edmond State OK Zip Code 73025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**  
**Transaction ID : A2014-2140083**  
 Amount of Each Receipt this Period  
**19.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Linda K Supplee</b>		Date of Receipt
Mailing Address 115 E. Willow Drive		M M M / D D D / Y Y Y Y Y 08 / 01 / 2014
City Zanesville	State OH	Zip Code 43701
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A2014-1612165</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.84	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Linda K Supplee</b>		Date of Receipt
Mailing Address 115 E. Willow Drive		M M M / D D D / Y Y Y Y Y 08 / 15 / 2014
City Zanesville	State OH	Zip Code 43701
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A2014-1849136</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.08	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Linda K Supplee</b>		Date of Receipt
Mailing Address 115 E. Willow Drive		M M M / D D D / Y Y Y Y Y 08 / 29 / 2014
City Zanesville	State OH	Zip Code 43701
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A2014-1953457</b>
Name of Employer Select Medical Corporation		Amount of Each Receipt this Period
Occupation Administrator (Ex)		19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.32	

<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 155 OF 180  
(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. Mrs. Linda K Supplee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 E. Willow Drive  
 City Zanesville State OH Zip Code 43701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117449**  
 Amount of Each Receipt this Period  
 19.24

**B. Mrs. Linda K Supplee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 E. Willow Drive  
 City Zanesville State OH Zip Code 43701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140084**  
 Amount of Each Receipt this Period  
 19.24

**C. Leopold Swergold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 299 Compo Rd S  
 City Westport State CT Zip Code 06880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation 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 / 2014  
**Transaction ID : A2014-2157615**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5038.48  
**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 156 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael E Tarvin**

Mailing Address 117 Willow Lake Drive

City Carlisle      State PA      Zip Code 17015-9164

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A2014-2157613**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 10240 Madison

City Omaha      State NE      Zip Code 68127

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612166**

Amount of Each Receipt this Period  
115.39

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

Mailing Address 10240 Madison

City Omaha      State NE      Zip Code 68127

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849137**

Amount of Each Receipt this Period  
115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5230.78

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

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

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

FOR LINE NUMBER: PAGE 157 OF 180  
(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. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953421**  
 Amount of Each Receipt this Period  
 115.39

**B. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117450**  
 Amount of Each Receipt this Period  
 115.39

**C. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140085**  
 Amount of Each Receipt this Period  
 115.39

**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 158 OF 180
	<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. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : A2014-1612167**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849138**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953502**  
 Amount of Each Receipt this Period  
 19.24

<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 159 OF 180
	<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. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117451**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Jeffrey D Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6840 N. Park Dr.  
 City North Richland Hills State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140086**  
 Amount of Each Receipt this Period  
 19.24

**C. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612168**  
 Amount of Each Receipt this Period  
 76.93

<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 160 OF 180
	<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. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1307.81

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : A2014-1849139**  
 Amount of Each Receipt this Period  
 76.93

**B. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.74

Date of Receipt  
 08 / 29 / 2014  
**Transaction ID : A2014-1953488**  
 Amount of Each Receipt this Period  
 76.93

**C. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.67

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : A2014-2117452**  
 Amount of Each Receipt this Period  
 76.93

<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: PAGE 161 OF 180  
(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. Ms. Linda M Tiemens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 South Fern Place  
 City Broken Arrow State OK Zip Code 74012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.60

Date of Receipt 09 / 26 / 2014  
**Transaction ID : A2014-2140087**  
 Amount of Each Receipt this Period 76.93

**B. Mr. Remko van der Voordt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 Lafayette St Unit A  
 City Salem State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 08 / 01 / 2014  
**Transaction ID : A2014-1612169**  
 Amount of Each Receipt this Period 19.24

**C. Mr. Remko van der Voordt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 Lafayette St Unit A  
 City Salem State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 08 / 15 / 2014  
**Transaction ID : A2014-1849140**  
 Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.41  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 180
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Remko van der Voordt**

Mailing Address 253 Lafayette St Unit A

City Salem State MA Zip Code 01970

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt  
**08 / 29 / 2014**  
**Transaction ID : A2014-1953476**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**B. Mr. Remko van der Voordt**

Mailing Address 253 Lafayette St Unit A

City Salem State MA Zip Code 01970

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt  
**09 / 12 / 2014**  
**Transaction ID : A2014-2117453**

Amount of Each Receipt this Period  
**19.24**

Full Name (Last, First, Middle Initial)  
**C. Mr. Remko van der Voordt**

Mailing Address 253 Lafayette St Unit A

City Salem State MA Zip Code 01970

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : A2014-2140088**

Amount of Each Receipt this Period  
**19.24**

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

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

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

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

FOR LINE NUMBER: PAGE 163 OF 180  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Loran Vocaturo**

Mailing Address 18 Richard Road

City State Zip Code  
East Brunswick NJ 08816

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 01 / 2014  
**Transaction ID : A2014-1612170**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**B. Loran Vocaturo**

Mailing Address 18 Richard Road

City State Zip Code  
East Brunswick NJ 08816

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 15 / 2014  
**Transaction ID : A2014-1849141**

Amount of Each Receipt this Period  
19.24

Full Name (Last, First, Middle Initial)  
**C. Loran Vocaturo**

Mailing Address 18 Richard Road

City State Zip Code  
East Brunswick NJ 08816

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 29 / 2014  
**Transaction ID : A2014-1953443**

Amount of Each Receipt this Period  
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 180
	<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. Loran Vocaturo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 Richard Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117454**

Amount of Each Receipt this Period  
19.24

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : A2014-2140089**

Amount of Each Receipt this Period  
19.24

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

**Transaction ID : A2014-1612171**

Amount of Each Receipt this Period  
76.93

<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 165 OF 180
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Timothy C Wadman</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : A2014-1849142</b>
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.81	

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy C Wadman</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953492</b>
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.74	

Full Name (Last, First, Middle Initial) <b>C. Mr. Timothy C Wadman</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : A2014-2117455</b>
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.67	

<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: PAGE 166 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 204 Babbling Brook Drive

City State Zip Code  
Saint Charles MO 63303

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140090**

Amount of Each Receipt this Period  
76.93

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

Mailing Address 5707 TPC Parkway Apt 1626

City State Zip Code  
San Antonio TX 78261

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612172**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 5707 TPC Parkway Apt 1626

City State Zip Code  
San Antonio TX 78261

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849143**

Amount of Each Receipt this Period  
19.24

**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 167 OF 180  
(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. Mr. Robert S Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5707 TPC Parkway Apt 1626  
 City San Antonio State TX Zip Code 78261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953508**  
 Amount of Each Receipt this Period  
 19.24

**B. Mr. Robert S Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5707 TPC Parkway Apt 1626  
 City San Antonio State TX Zip Code 78261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : A2014-2117456**  
 Amount of Each Receipt this Period  
 19.24

**C. Mr. Robert S Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5707 TPC Parkway Apt 1626  
 City San Antonio State TX Zip Code 78261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A2014-2140091**  
 Amount of Each Receipt this Period  
 19.24

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

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

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

FOR LINE NUMBER: PAGE 168 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 200 Pleasant View Drive

City State Zip Code  
Etters PA 17319

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : A2014-1612173**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 200 Pleasant View Drive

City State Zip Code  
Etters PA 17319

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : A2014-1849144**

Amount of Each Receipt this Period  
19.24

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

Mailing Address 200 Pleasant View Drive

City State Zip Code  
Etters PA 17319

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : A2014-1953440**

Amount of Each Receipt this Period  
19.24

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 180
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Randall K Watts</b>		Date of Receipt
Mailing Address 200 Pleasant View Drive		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Etters PA 17319		<b>Transaction ID : A2014-2117457</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.56"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Randall K Watts</b>		Date of Receipt
Mailing Address 200 Pleasant View Drive		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Etters PA 17319		<b>Transaction ID : A2014-2140092</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="384.80"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank J Weber</b>		Date of Receipt
Mailing Address 456 Sorrel Lane		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code Milton WV 25541		<b>Transaction ID : A2014-1612174</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.09"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
<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 170 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank J Weber</b>		Date of Receipt 08 / 15 / 2014 <b>Transaction ID : A2014-1849145</b>
Mailing Address 456 Sorrel Lane		Amount of Each Receipt this Period 76.93
City Milton	State WV	Zip Code 25541
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1077.02	

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank J Weber</b>		Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953456</b>
Mailing Address 456 Sorrel Lane		Amount of Each Receipt this Period 76.93
City Milton	State WV	Zip Code 25541
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.95	

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank J Weber</b>		Date of Receipt 09 / 12 / 2014 <b>Transaction ID : A2014-2117458</b>
Mailing Address 456 Sorrel Lane		Amount of Each Receipt this Period 76.93
City Milton	State WV	Zip Code 25541
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.88	

<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: PAGE 171 OF 180  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 456 Sorrel Lane

City Milton State WV Zip Code 25541

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1307.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A2014-2140093**

Amount of Each Receipt this Period  
**76.93**

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

Mailing Address 1817 Jacobs Lane

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 01 / 2014**

**Transaction ID : A2014-1612175**

Amount of Each Receipt this Period  
**19.24**

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

Mailing Address 1817 Jacobs Lane

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : A2014-1849146**

Amount of Each Receipt this Period  
**19.24**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 180
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Andrea F White</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 <b>Transaction ID : A2014-1953493</b>
Mailing Address 1817 Jacobs Lane		Amount of Each Receipt this Period 19.24
City Vestavia Hills	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.32	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Andrea F White</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : A2014-2117459</b>
Mailing Address 1817 Jacobs Lane		Amount of Each Receipt this Period 19.24
City Vestavia Hills	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.56	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Andrea F White</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : A2014-2140094</b>
Mailing Address 1817 Jacobs Lane		Amount of Each Receipt this Period 19.24
City Vestavia Hills	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

<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 175 OF 180
	<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. Mr. Juan C Yanes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4143 Stargrass Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

**Transaction ID : A2014-1849148**

Amount of Each Receipt this Period  
19.24

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : A2014-1953494**

Amount of Each Receipt this Period  
19.24

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

City Hilliard	State OH	Zip Code 43026
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : A2014-2117461**

Amount of Each Receipt this Period  
19.24

<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 176 OF 180
	<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. Mr. Juan C Yanes**  
Full Name (Last, First, Middle Initial)

Mailing Address 4143 Stargrass Court

City Hilliard State OH Zip Code 43026

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt **09 / 26 / 2014**

**Transaction ID : A2014-2140096**

Amount of Each Receipt this Period **19.24**

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

Mailing Address 3804 Bohler Road

City Appling State GA Zip Code 30802

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **846.23**

Date of Receipt **08 / 01 / 2014**

**Transaction ID : A2014-1612178**

Amount of Each Receipt this Period **76.93**

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

Mailing Address 3804 Bohler Road

City Appling State GA Zip Code 30802

FEC ID number of contributing federal political committee. **C**

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **923.16**

Date of Receipt **08 / 15 / 2014**

**Transaction ID : A2014-1849149**

Amount of Each Receipt this Period **76.93**

**SUBTOTAL** of Receipts This Page (optional)..... **173.10**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 180
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Coleen Zimmerman</b>			Date of Receipt 08 / 29 / 2014 <b>Transaction ID : A2014-1953410</b>
Mailing Address 3804 Bohler Road			Amount of Each Receipt this Period 76.93
City Appling	State GA	Zip Code 30802	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.09	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Coleen Zimmerman</b>			Date of Receipt 09 / 12 / 2014 <b>Transaction ID : A2014-2117462</b>
Mailing Address 3804 Bohler Road			Amount of Each Receipt this Period 76.93
City Appling	State GA	Zip Code 30802	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1077.02	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Coleen Zimmerman</b>			Date of Receipt 09 / 26 / 2014 <b>Transaction ID : A2014-2140097</b>
Mailing Address 3804 Bohler Road			Amount of Each Receipt this Period 76.93
City Appling	State GA	Zip Code 30802	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1153.95	
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	68734.71

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 180  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)  
**A. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : A2014-11241**

Amount of Each Receipt this Period  
210.00

Reimburse August svc. charges

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	210.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Burke & Herbert Bank & Trust Co.**

Mailing Address King & Fairfax Streets

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2014

Transaction ID : B511535

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Burke & Herbert Bank & Trust Co.**

Mailing Address King & Fairfax Streets

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2014

Transaction ID : B511536

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

60.00

**TOTAL** This Period (last page this line number only)..... ▶

60.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Pryor for Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72204

Purpose of Disbursement Contribution

011

Candidate Name  
**Mark Pryor**

Category/Type

Office Sought:  House  Senate  President  
State: AR District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2014

Transaction ID : B506166

Amount of Each Disbursement this Period

-2000.00

Voided: Original check dated 07/10/14

Full Name (Last, First, Middle Initial)

**B. Udall for Colorado**

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement Contribution

011

Candidate Name  
**Mark Udall**

Category/Type

Office Sought:  House  Senate  President  
State: CO District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2014

Transaction ID : B508229

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated 07/10/14

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼  
Not Applicable

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2014

Transaction ID : B507143

Amount of Each Disbursement this Period

2600.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-400.00

**TOTAL** This Period (last page this line number only)..... ▶

-400.00