

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street) 4714 Gettysburg Road

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

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

C C00546119

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 05 / 22 / 2014 through [MM] / [DD] / [YYYY] 06 / 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 07 / 14 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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="6543.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17079.42"/>	<input type="text" value="73994.30"/>
(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="23622.69"/>	<input type="text" value="85622.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16030.00"/>	<input type="text" value="78030.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7592.69"/>	<input type="text" value="7592.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	15444.02	56226.45
(ii) Unitemized	1635.40	17767.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17079.42	73994.30
(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)	17079.42	73994.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17079.42	73994.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17079.42	73994.30

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	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	78000.00
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)) ..	16030.00	78030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16030.00	78030.00

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)	17079.42	73994.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17079.42	73994.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	30.00

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

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

FOR LINE NUMBER: PAGE 6 OF 83
(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. Jennifer K Allison

Mailing Address 402 Huron Drive

City State Zip Code
Mechanicsburg PA 17050

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099343

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 State Zip Code
Mechanicsburg PA 17050

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 M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137638

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 State Zip Code
Mechanicsburg PA 17050

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
 06 / 20 / 2014
Transaction ID : A2014-1328022

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: PAGE 8 OF 83
(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 State Zip Code
 Ocean City MD 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099344
 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 State Zip Code
 Ocean City MD 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137639
 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 State Zip Code
 Ocean City MD 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328023
 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 9 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Vasilis G Anastassatos
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Churchill Road
 City State Zip Code
 Cresskill NJ 07626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : A2014-1300906
 Amount of Each Receipt this Period
 3000.00

B. Ms. Kathy Beckett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 Tibet Butler Dr
 City State Zip Code
 Windermere FL 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President of Clinical Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : A2014-1121854
 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 State Zip Code
 Windermere FL 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President of Clinical Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : A2014-1313341
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 83
	<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. 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : A2014-1347523
 Amount of Each Receipt this Period
 19.24

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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099345
 Amount of Each Receipt this Period
 76.93

C. Mr. Robert J Bein
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 Mud College Road
 City Littlestown State PA Zip Code 17340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137640
 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 11 OF 83
(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 ▼ **1000.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : A2014-1328024

Amount of Each Receipt this Period
76.93

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

Mailing Address 3047 Terra Maria Way

City Ellicott City State MD Zip Code 21042

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : A2014-1099348

Amount of Each Receipt this Period
76.93

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

Mailing Address 3047 Terra Maria Way

City Ellicott City State MD Zip Code 21042

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : A2014-1137643

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 12 OF 83
	<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. Edwin A Bodensiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3047 Terra Maria Way
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328027
 Amount of Each Receipt this Period
 76.93

B. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099349
 Amount of Each Receipt this Period
 19.24

C. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137644
 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 13 OF 83
	<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 S Boggs
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328028
 Amount of Each Receipt this Period
 19.24

B. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099350
 Amount of Each Receipt this Period
 115.39

C. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137645
 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 14 OF 83
(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 H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328029
 Amount of Each Receipt this Period
 115.39

B. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099351
 Amount of Each Receipt this Period
 19.24

C. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137646
 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: PAGE 15 OF 83
(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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328030
 Amount of Each Receipt this Period
 19.24

B. Mr. Mark S Brodeur
 Full Name (Last, First, Middle Initial)
 Mailing Address 5324 Meadow Breeze Drive
 City State Zip Code
 Liberty Township OH 45011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099352
 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 State Zip Code
 Liberty Township OH 45011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137647
 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 83
	(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. 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328031

Amount of Each Receipt this Period
 19.24

B. 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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099353

Amount of Each Receipt this Period
 115.39

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 ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137648

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 17 OF 83
	<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. Thomas Buckingham		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : A2014-1328032
Mailing Address 1 Chantilly Court		Amount of Each Receipt this Period 115.39
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.07	

Full Name (Last, First, Middle Initial) B. Mr. Raymond F Carnevale		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : A2014-1099354
Mailing Address 5801 Gemini Dr. Apt. 305		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.51	

Full Name (Last, First, Middle Initial) C. Mr. Raymond F Carnevale		Date of Receipt MM / DD / YYYY 06 / 06 / 2014 Transaction ID : A2014-1137649
Mailing Address 5801 Gemini Dr. Apt. 305		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.44	

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 18 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328033
 Amount of Each Receipt this Period
 76.93

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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099355
 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 ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137650
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.71
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 83
	<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. 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 ▼ 1500.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328034
 Amount of Each Receipt this Period
 115.39

B. Mr. Kiley P Cedotal
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Casa Bella Court
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099356
 Amount of Each Receipt this Period
 19.24

C. Mr. Kiley P Cedotal
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Casa Bella Court
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137651
 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 20 OF 83
	<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. Kiley P Cedotal
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Casa Bella Court
 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: 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
 06 / 20 / 2014
Transaction ID : A2014-1328035
 Amount of Each Receipt this Period
 19.24

B. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099358
 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137653
 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 21 OF 83
	<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 **1000.09**

Date of Receipt **06 / 20 / 2014**
Transaction ID : A2014-1328037
 Amount of Each Receipt this Period **76.93**

B. Mr. Fred R Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 564 Fawnhill Drive
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1269.29**

Date of Receipt **05 / 23 / 2014**
Transaction ID : A2014-1099359
 Amount of Each Receipt this Period **115.39**

C. 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 **1384.68**

Date of Receipt **06 / 06 / 2014**
Transaction ID : A2014-1137654
 Amount of Each Receipt this Period **115.39**

SUBTOTAL of Receipts This Page (optional)..... **307.71**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 22 OF 83
(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. 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 ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328038
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328039
 Amount of Each Receipt this Period
 19.24

C. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 High Hollow
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099361
 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 23 OF 83
(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 ▼ 1384.68

Date of Receipt
 06 / 06 / 2014
Transaction ID : A2014-1137656
 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 ▼ 1500.07

Date of Receipt
 06 / 20 / 2014
Transaction ID : A2014-1328040
 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 ▼ 211.64

Date of Receipt
 05 / 23 / 2014
Transaction ID : A2014-1099362
 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 24 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137657
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328041
 Amount of Each Receipt this Period
 19.24

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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099363
 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 25 OF 83
	<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. 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 ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137658
 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 ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328042
 Amount of Each Receipt this Period
 115.39

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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099364
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.71
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137659
 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328043
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099365
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 83
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137660
 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328044
 Amount of Each Receipt this Period
 19.24

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 ▼
 615.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099366
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<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. 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 ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137661
 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 ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328045
 Amount of Each Receipt this Period
 76.93

C. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099367
 Amount of Each Receipt this Period
 115.39

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: (check only one)	PAGE 29 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. David J DeGumbia		Date of Receipt
Mailing Address 383 Pattonwood Dr		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Southington	CT	06489
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1137662
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
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="1384.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. David J DeGumbia		Date of Receipt
Mailing Address 383 Pattonwood Dr		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
Southington	CT	06489
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1328046
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
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="1500.07"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Philip J Driscoll		Date of Receipt
Mailing Address 38 Van Doren Way		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Belle Mead	NJ	08502
FEC ID number of contributing federal political committee.		Transaction ID : A2014-1099369
<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="211.64"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 30 OF 83
(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. 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137664
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328048
 Amount of Each Receipt this Period
 19.24

C. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099370
 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 31 OF 83
	<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. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137665
 Amount of Each Receipt this Period
 19.24

B. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328049
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099371
 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 32 OF 83
(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 ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137666
 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 ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328050
 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 ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099372
 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 33 OF 83
	<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. 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137667
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328051
 Amount of Each Receipt this Period
 19.24

C. Bruce Gans
 Full Name (Last, First, Middle Initial)
 Mailing Address Six Amherst Road
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099373
 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 34 OF 83
	<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. Bruce Gans
Full Name (Last, First, Middle Initial)

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137668

Amount of Each Receipt this Period
115.39

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

Mailing Address Six Amherst Road

City Chatham State NJ Zip Code 07928

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.07**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328052

Amount of Each Receipt this Period
115.39

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

Mailing Address 1001 Madera Court

City Allen State TX Zip Code 75013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : A2014-1347524

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: PAGE 35 OF 83
(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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099375
 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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137670
 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328054
 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 36 OF 83
(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 ▼ 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099376
 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 ▼ 307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137671
 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 ▼ 384.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328055
 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 37 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099377
 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 ▼ 923.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137672
 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 ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328056
 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 38 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. 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 ▼ 846.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099378
 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 ▼ 923.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137673
 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 ▼ 1000.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328057
 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 39 OF 83
	(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. Anne E Jure nec
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 ▼ 211.64

Date of Receipt
05 / 23 / 2014
Transaction ID : A2014-1099382
Amount of Each Receipt this Period
19.24

B. Ms. Anne E Jure nec
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 ▼ 230.88

Date of Receipt
06 / 06 / 2014
Transaction ID : A2014-1137677
Amount of Each Receipt this Period
19.24

C. Ms. Anne E Jure nec
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 ▼ 250.12

Date of Receipt
06 / 20 / 2014
Transaction ID : A2014-1328061
Amount of Each Receipt this Period
19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 83
	<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. 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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099383
 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137678
 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328062
 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 41 OF 83
(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 State Zip Code
Rochester Hills MI 48309

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099384

Amount of Each Receipt this Period
19.24

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

Mailing Address 228 Brewster

City State Zip Code
Rochester Hills MI 48309

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137679

Amount of Each Receipt this Period
19.24

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

Mailing Address 228 Brewster

City State Zip Code
Rochester Hills MI 48309

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328063

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 42 OF 83
	<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. 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099385
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137680
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328064
 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 43 OF 83
(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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099386
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137681
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328065
 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 44 OF 83
(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 ▼ **846.23**

Date of Receipt
05 / 23 / 2014
Transaction ID : A2014-1099388

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 ▼ **923.16**

Date of Receipt
06 / 06 / 2014
Transaction ID : A2014-1137683

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 ▼ **1000.09**

Date of Receipt
06 / 20 / 2014
Transaction ID : A2014-1328067

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 45 OF 83
(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. 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 ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : A2014-1121856

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 ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : A2014-1313343

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 ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : A2014-1347525

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 46 OF 83
(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. Adriane L Lutes

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 ▼ **461.58**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : A2014-1099390

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Mrs. Adriane L Lutes

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 ▼ **538.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : A2014-1137685

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
C. Mrs. Adriane L Lutes

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 ▼ **615.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : A2014-1328069

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 47 OF 83
(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. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City State Zip Code
 Schwenksville PA 19473
 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 ▼
 307.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099391
 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 State Zip Code
 Schwenksville PA 19473
 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 ▼
 423.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137686
 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 State Zip Code
 Schwenksville PA 19473
 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 ▼
 538.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328070
 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 48 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. 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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099397
 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 ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137692
 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 ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328076
 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 49 OF 83
	<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 **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137693
 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 **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328077
 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 **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : A2014-1121857
 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 50 OF 83
(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. 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 ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : A2014-1313344
 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 ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : A2014-1347526
 Amount of Each Receipt this Period
 19.24

C. 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 ▼ 846.23

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099400
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. 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 ▼ **923.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2014

Transaction ID : A2014-1137695

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 ▼ **1000.09**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2014

Transaction ID : A2014-1328079

Amount of Each Receipt this Period

76.93

C. Mr. Matthew P Pearson
Full Name (Last, First, Middle Initial)
Mailing Address 4514 W 72nd Street

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.29**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	23	/	2014

Transaction ID : A2014-1099402

Amount of Each Receipt this Period

115.39

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: (check only one)	PAGE 52 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Matthew P Pearson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 06 / 2014 Transaction ID : A2014-1137697
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 ▼ 1384.68	

Full Name (Last, First, Middle Initial) B. Mr. Matthew P Pearson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014 Transaction ID : A2014-1328081
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 ▼ 1500.07	

Full Name (Last, First, Middle Initial) C. Mrs. Genise Pedrick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014 Transaction ID : A2014-1099403
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 ▼ 211.64	

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 53 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 4771 Sweetshade Drive

City State Zip Code
Sarasota FL 34241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137698

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328082

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099404

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 54 OF 83
(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. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City State Zip Code
 Dublin OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137699
 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 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328083
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099406
 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 55 OF 83
	<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. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City Knoxville State TN Zip Code 37922
 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
 06 / 06 / 2014
Transaction ID : A2014-1137701
 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 Knoxville State TN Zip Code 37922
 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
 06 / 20 / 2014
Transaction ID : A2014-1328085
 Amount of Each Receipt this Period
 19.24

C. 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099407
 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 83
(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. 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 ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137702
 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 ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328086
 Amount of Each Receipt this Period
 19.24

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 ▼ 846.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099409
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional)..... ► 115.41
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ **923.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : A2014-1137704

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 ▼ **1000.09**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

Transaction ID : A2014-1328088

Amount of Each Receipt this Period

76.93

C. Ms. Chandelle L Rhodes
Full Name (Last, First, Middle Initial)
Mailing Address 20528 Lagoon Drive

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

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 ▼ **211.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : A2014-1099410

Amount of Each Receipt this Period

19.24

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

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

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

FOR LINE NUMBER: PAGE 58 OF 83
(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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137705
 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328089
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099411
 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 59 OF 83
(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. 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 ▼ **230.88**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : A2014-1137706

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. 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 ▼ **250.12**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : A2014-1328090

Amount of Each Receipt this Period
19.24

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 ▼ **846.23**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : A2014-1099412

Amount of Each Receipt this Period
76.93

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

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

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

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

FOR LINE NUMBER: PAGE 60 OF 83
(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. 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 ▼ **923.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : A2014-1137707

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 ▼ **1000.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : A2014-1328091

Amount of Each Receipt this Period
76.93

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

Mailing Address 2027 Sun Flower Ct.

City Chesterfield State MO Zip Code 63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014
Transaction ID : A2014-1121858

Amount of Each Receipt this Period
19.24

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

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

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

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

FOR LINE NUMBER: PAGE 61 OF 83
(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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : A2014-1313345

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : A2014-1347527

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 State Zip Code
New Cumberland PA 17070

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 ▼
846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099413

Amount of Each Receipt this Period
76.93

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 83
	<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. 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137708
 Amount of Each Receipt this Period
 76.93

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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328092
 Amount of Each Receipt this Period
 76.93

C. Mr. Jeffrey J Ruskan
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Beechwood Drive
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099414
 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 63 OF 83
	<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. Jeffrey J Ruskan
Full Name (Last, First, Middle Initial)

Mailing Address 304 Beechwood Drive

City	State	Zip Code
Richmond	VA	23229

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 ▼ **923.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : A2014-1137709

Amount of Each Receipt this Period

76.93

B. Mr. Jeffrey J Ruskan
Full Name (Last, First, Middle Initial)

Mailing Address 304 Beechwood Drive

City	State	Zip Code
Richmond	VA	23229

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 ▼ **1000.09**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

Transaction ID : A2014-1328093

Amount of Each Receipt this Period

76.93

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

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 ▼ **1038.51**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : A2014-1099415

Amount of Each Receipt this Period

115.39

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: (check only one)	PAGE 64 OF 83
	<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. 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 ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137710
 Amount of Each Receipt this Period
 115.39

B. 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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328094
 Amount of Each Receipt this Period
 115.39

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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099416
 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 65 OF 83
	<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. 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 **230.88**

Date of Receipt **06 / 06 / 2014**
Transaction ID : A2014-1137711
 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 **250.12**

Date of Receipt **06 / 20 / 2014**
Transaction ID : A2014-1328095
 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 **846.23**

Date of Receipt **05 / 23 / 2014**
Transaction ID : A2014-1099417
 Amount of Each Receipt this Period **76.93**

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 66 OF 83
(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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137712
 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328096
 Amount of Each Receipt this Period
 76.93

C. Mr. Nigel D Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 9815 Vistadale Dr
 City Dallas State TX Zip Code 75238-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099420
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 67 OF 83
(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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137715

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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328099

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
C. Mr. John J St. Leger

Mailing Address 634 Blue Ridge Road

City State Zip Code
 Pittsburgh PA 15239

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 ▼
 615.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099422

Amount of Each Receipt this Period
 76.93

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

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

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

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

FOR LINE NUMBER: PAGE 68 OF 83
(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. 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 ▼ 692.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137717
 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 ▼ 769.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328101
 Amount of Each Receipt this Period
 76.93

c. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328102
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 69 OF 83
(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. 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 ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099424
 Amount of Each Receipt this Period
 19.24

B. 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 ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137719
 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 ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328103
 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 70 OF 83
(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. 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099425
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137720
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328104
 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 71 OF 83
(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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099426
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137721
 Amount of Each Receipt this Period
 19.24

c. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328105
 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 72 OF 83
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	<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 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 ▼ 807.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099427
 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 ▼ 923.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137722
 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 ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328106
 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 73 OF 83
	<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. 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099428
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137723
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328107
 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 74 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. 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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099429
 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137724
 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328108
 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 75 OF 83
	<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. 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 ▼ **846.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : A2014-1099432
 Amount of Each Receipt this Period
76.93

B. 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 ▼ **923.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014
Transaction ID : A2014-1137727
 Amount of Each Receipt this Period
76.93

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 ▼ **1000.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : A2014-1328111
 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 76 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert S Ward		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : A2014-1099433
Mailing Address 5707 TPC Parkway Apt 1626		Amount of Each Receipt this Period 19.24
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

Full Name (Last, First, Middle Initial) B. Mr. Robert S Ward		Date of Receipt MM / DD / YYYY 06 / 06 / 2014 Transaction ID : A2014-1137728
Mailing Address 5707 TPC Parkway Apt 1626		Amount of Each Receipt this Period 19.24
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

Full Name (Last, First, Middle Initial) C. Mr. Robert S Ward		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : A2014-1328112
Mailing Address 5707 TPC Parkway Apt 1626		Amount of Each Receipt this Period 19.24
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

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 77 OF 83
(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. 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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099434

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137729

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328113

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 83
(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 ▼ **615.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : A2014-1099435

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. 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 ▼ **692.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : A2014-1137730

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
C. 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 ▼ **769.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : A2014-1328114

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 79 OF 83
	<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. Andrea F White
 Full Name (Last, First, Middle Initial)
 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 ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099436
 Amount of Each Receipt this Period
 19.24

B. Mrs. Andrea F White
 Full Name (Last, First, Middle Initial)
 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 ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137731
 Amount of Each Receipt this Period
 19.24

C. Mrs. Andrea F White
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328115
 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 80 OF 83
	<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)
A. Mr. Brian J Williams

Mailing Address 9670 Rod Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.29**

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : A2014-1099437

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)
B. Mr. Brian J Williams

Mailing Address 9670 Rod Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.68**

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : A2014-1137732

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)
C. Mr. Brian J Williams

Mailing Address 9670 Rod Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.07**

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : A2014-1328116

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 81 OF 83
(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. Coleen Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Bohler Road
 City State Zip Code
 Appling GA 30802
 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 ▼
 461.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : A2014-1099439
 Amount of Each Receipt this Period
 76.93

B. Ms. Coleen Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Bohler Road
 City State Zip Code
 Appling GA 30802
 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 ▼
 538.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : A2014-1137734
 Amount of Each Receipt this Period
 76.93

C. Ms. Coleen Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Bohler Road
 City State Zip Code
 Appling GA 30802
 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 ▼
 615.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A2014-1328118
 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).....▶	15444.02

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Udall-Udall Leadership Fund

Mailing Address 600 Pennsylvania Ave SE Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : B497282

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CMR 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

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : B499943

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Terri Lynn Land for Senate

Mailing Address 725 Lake Michigan Drive NW

City Grand Rapids State MI Zip Code 49504

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : B498710

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Contribution

011

Candidate Name

William J Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : B499944

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Keystone America PAC

Mailing Address PO BOX 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : B499333

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Bob Casey for Senate Inc.

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

011

Candidate Name

Bob Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : B499332

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

8	0	0	0	0	0	0	0	0	0

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

1	6	0	0	0	0	0	0	0	0