FEC

FORM 3X

06/14/2021 11 : 27

PAGE 1 / 60

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 t		12FE4M5	5
Select Medical Corpora	ation PAC				
ADDRESS (number and street)	4714 Gettysburg Road				
Check if different than previously reported. (ACC)	Mechanicsburg			PA	17055
2. FEC IDENTIFICATION NU	MBER V	CITY ▲	ļ	STATE 🔺	ZIP CODE ▲
C C00546119	3.	IS THIS REPORT	NEW (N) OR	× AME (A)	ENDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: October 15 Quarterly Report (Q: January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Due On: N 1) (C) 12-Day PRE-Election Report for the 3) Election (d) 30-Day POST-Election Report for the	ction on General	on (12C)	Sep 2	2S) in the State of
5. Covering Period	24 202			/ D D / 31	Y Y Y Y 2020
NOTE: Submission of false, errone	Walters, William, , ,	[Electroni	cally Filed]	Date 06	/ D D / Y Y Y Y 14 2021
Office Use Only					FEC FORM 3X Rev. 05/2016

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Select Medical Corporation PAC		
Report Covering the Period: From:	11 / 24 / Y Y Y Y Y To:	12 / D D / Y Y Y Y 12 31 2020
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020	[63522.87
(b) Cash on Hand at Beginning of Reporting Period	60884.40	
(c) Total Receipts (from Line 19)	20247.08	201656.61
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	81131.48	265179.48
7. Total Disbursements (from Line 31)	7500.00	191548.00
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	73631.48	73631.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Page 3

Select Medical Corporation PAC

Report Covering the Period: From:	/ D D / Y Y Y Y 24 2020	To: 12 / D D / Y Y Y 31 / 2020
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		_
Than Political Committees (i) Itemized (use Schedule A)	20247.08	193501.95
(ii) Unitemized (iii) TOTAL (add	0.00	8154.66
Lines 11(a)(i) and (ii)	20247.08	201656.61
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20247.08	201656.61
. Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	20247.08	201656.61
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	20247.08	201656.61

I

DETAILED SUMMARY PAGE

of Disbursements

FE	C Form 3X (Rev. 05/2016)	of Disbursements	Page 4	
II. Disbursements		COLUMN A Total This Period	COLUMN B	
	ng Expenditures:	Total This Period	Calendar Year-to-Date	
(a) Allo	ocated Federal/Non-Federal ivity (from Schedule H4)			
(i)	Federal Share	0.00	0.00	
()				
(ii)	Non-Federal Share	0.00	0.00	
(b) Oth	ner Federal Operating			
	penditures	0.00	48.00	
	al Operating Expenditures			
	d 21(a)(i), (a)(ii), and (b)) ►	0.00	48.00	
	rs to Affiliated/Other Party	0.00	0.00	
Contribu	tees itions to	0.00	0.00	
Federal	Candidates/Committees	7500.00	188500.00	
	ner Political Committees	7500.00	10.00000	
	ident Expenditures hedule E)	0.00	0.00	
Coordin	ated Party Expenditures	0.00		
(52 U.S	.C. § 30116(d)) hedule F)	0.00		
(use sc			0.00	
Loan B	epayments Made	0.00		
Loan In	epayments made		0.00	
Loans M	/lade	0.00	0.00	
Refunds	s of Contributions To:			
	ividuals/Persons Other an Political Committees	0.00	2000.00	
1110	an rontical committees	0.00	3000.00	
(b) Pol	itical Party Committees	0.00	0.00	
. ,	ner Political Committees	0.00		
()	ch as PACs)	0.00	0.00	
	al Contribution Refunds			
(-)	d Lines 28(a), (b), and (c))	0.00		
(au		0.00	3000.00	
Other D	isbursements (Including			
	deral Donations)	0.00	0.00	
		0.00		
Federal	Election Activity (52 U.S.C. § 30101(2	20))		
(a) Allo	ocated Federal Election Activity			
(frc	m Schedule H6)			
(i)	Federal Share	0.00	0.00	
			47. 47. 47.	
(ii)	"Levin" Share	0.00	0.00	
(b) Fee	deral Election Activity Paid			
En	irely With Federal Funds	0.00	0.00	
(c) Tot	al Federal Election Activity (add			
Lin	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Di	sbursements (add Lines 21(c), 22,			
	25, 26, 27, 28(d), 29 and 30(c)).	7500.00	101549.00	
-,,	, , , , , , , , , , , , , , , , , , , ,	7500.00	191548.00	
Total Fe	ederal Disbursements			
(subtrac	t Line 21(a)(ii) and Line 30(a)(ii)			
	ne 31)	7500.00	404640.00	
			191548.00	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		-		Ţ	-	20247.08
_						0.00
	5	-7	-		-7	0.00
		-			-	20247.08
						0.00
	-	7			7	0.00
	1			1		0.00
	-	-7-			-7	1 1 10
	1					0.00
	-	-7-	1		-7-	

201656.61 3000.00 198656.61 48.00 0.00 48.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 0F 60 (check only one) ************************************	
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements mana and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	Select Medical Corporation PAC	;			
Α.	Full Name of Individual (Last, First, Middle Init Bellmar, Christopher, , ,	ial) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 4714 Gettysburg Rd	M M / D D / Y Y Y Y 12 04 2020			
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2641358 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34		
в.	Full Name of Individual (Last, First, Middle Init Bellmar, Christopher, , ,	ial) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 4714 Gettysburg Rd	12 / D D / Y Y Y Y 12 18 2020			
	Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2793880 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73		
с.	Full Name of Individual (Last, First, Middle Init Bellmar, Christopher, , ,	ial) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 4714 Gettysburg Rd	12 31 2020 Transaction ID : A2020-3079150			
	Mechanicsburg	State PA	Zip Code 17055	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Exe	ecutive • Year-to-Date ▼ 923.12	Memo Item	
	UBTOTAL of Receipts This Page (optional)			346.17	

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

Form/Schedule: SA11AI Transaction ID :

This report is being amended to report a new starting and ending Cash on Hand due to an amendment to the PAC's October quarterly report.

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 60 (check only one) 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC					
Full Name of Individual (Last, First, Middle A. Bencomo, Dionisio, , Mr.,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 2851 SW 137 Court			11 27 Y Y Y Y 2020			
City Miami	State FL	Zip Code 33175	Transaction ID : A2020-2624427 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.36]			
Full Name of Individual (Last, First, Middle B. Bencomo, Dionisio, , Mr.,	Initial) or Full C	organization Name	Date of Receipt			
	Mailing Address 2851 SW 137 Court					
City Miami	State FL	Zip Code 33175	Transaction ID : A2020-2680265 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]			
Full Name of Individual (Last, First, Middle C. Bencomo, Dionisio, , Mr.,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 2851 SW 137 Court			12 / D D / Y Y Y Y 12 24 2020			
City Miami	State FL	Zip Code 33175	Transaction ID : A2020-3079140 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.25			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00]			
SUBTOTAL of Receipts This Page (optional).		······	346.03			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 0F 60 (check only one) 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions et o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;			
Α.	Full Name of Individual (Last, First, Middle Initi Bolcavage, Theodore, J, Mr.,	al) or Full C	Organization Name	Date of Receipt	
	Mailing Address 207 Bryant St City	State	Zip Code	M / D / Y	
	Mechanicsburg	PA	17050-4148	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.36]	
В.	Full Name of Individual (Last, First, Middle Initi Bolcavage, Theodore, J, Mr.,	al) or Full C	Organization Name	Date of Receipt	
	Mailing Address 207 Bryant St	12 11 2020			
	City Mechanicsburg	State PA	Zip Code 17050-4148	Transaction ID : A2020-2680248 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	115.39			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Bolcavage, Theodore, J, Mr.,	Date of Receipt			
	Mailing Address 207 Bryant St	12 / D D / Y Y Y Y 24 2020			
	City Mechanicsburg	State PA	Zip Code 17050-4148	Transaction ID : A2020-3079123 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.25	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify)		3000.00]	
s	UBTOTAL of Receipts This Page (optional)			346.03	

FEC Schedule A (Form 3X) Rev. 06/2016

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 60 (check only one) I1a 11b 11c 12 I 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Bradley, Daniel, F, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2261 Turk Road			11 / D D / Y Y Y Y Y 11 27 2020
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2020-2624419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4615.44	1
в.	Full Name of Individual (Last, First, Middle Initi Bradley, Daniel, F, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2261 Turk Road	12 / D D / Y Y Y Y 12 11 2020		
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2020-2680257 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.75]
— с.	Full Name of Individual (Last, First, Middle Initi Bradley, Daniel, F, Mr.,	al) or Full C	Organization Name	Date of Receipt
-	Mailing Address 2261 Turk Road	12 24 2020		
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2020-3079132 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.25
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]
s	UBTOTAL of Receipts This Page (optional)			576.87

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 11 OF

60

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page			× 11a		11b	11c		12			
	ny information copied from such Reports and Sta												
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to s	solicit cor	ntrib	utions	from suc	h cor	nmitte	e.		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr., Jr.	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 613 Carrie Drive				M M / D D / Y Y Y Y 11 27 2020								
	City	State PA	Zip Code					A2020-2					
	Dallastown	PA	17313	_	Amount	t of	Each F	Receipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					-	-		115.3	9		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		692.34										
В.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr., Jr.	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 613 Carrie Drive				M M 12	/	11		202	20	Y		
	City	State	Zip Code		Trans	acti	on ID :	A2020-2	6802	62			
	Dallastown	PA	17313	_	Amount	t of	Each F	Receipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					-	-		115.3	9		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President		M	emo	ltem						
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify) ▼		807.73										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr., Jr.	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 613 Carrie Drive				^M 12	/	24		202	20 20	Y		
	City	State	Zip Code		Trans	acti	ion ID :	A2020-3	30791	137			
	Dallastown	PA	17313		Amount	t of	Each F	Receipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9		115.3	9		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	emo	tem Item						
	Receipt For: Primary General Other (specify)	ary General General											
s	SUBTOTAL of Receipts This Page (optional)		▶				,	. ,		346.1 [°]	7		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 60 (check only one) I1a 11b 11c 12 I 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;			
Α.	Full Name of Individual (Last, First, Middle Initi Brozowsky, Diane, M, Ms.,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 1795 Alpine Ave			-	11 27 Y Y Y Y 2020
	City	State		Zip Code	Transaction ID : A2020-2624437
	Boulder	CO		80304-3649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident	Memo Item
	Receipt For:			ar-to-Date V	
	Primary General Other (specify) ▼	Aggregate	-	692.34	
В.	Full Name of Individual (Last, First, Middle Initi Brozowsky, Diane, M, Ms.,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 1795 Alpine Ave				12 11 2020
	City	State		Zip Code	Transaction ID : A2020-2680275
	Boulder	CO		80304-3649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 807.73	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Brozowsky, Diane, M, Ms.,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 1795 Alpine Ave				M M / D D / Y Y Y Y 12 24 2020
	City Boulder	State CO		Zip Code 80304-3649	Transaction ID : A2020-3079105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.					115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item
	Receipt For:			ar-to-Date V	
	Primary General Other (specify)	, iggi cgale	-	923.12	
s	UBTOTAL of Receipts This Page (optional)				. 346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 60 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements make he name and a	ay not be sold or used by any puddress of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٨C		
Full Name of Individual (Last, First, Middle I A. Cannon, Matthew, D, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 19073 Twilight Trl	State	Zip Code	11 / 27 / 2020
Eden Prairie	MN	55346-4047	Transaction ID : A2020-2624447
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.36]
Full Name of Individual (Last, First, Middle I B. Cannon, Matthew, D, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 19073 Twilight Trl			12 / 11 / Y Y Y Y 12 2020
City Eden Prairie	State MN	Zip Code 55346-4047	Transaction ID : A2020-2680285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]
Full Name of Individual (Last, First, Middle I C. Cannon, Matthew, D, ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 19073 Twilight Trl			12 / D D / Y Y Y Y 12 24 2020
City Eden Prairie	State MN	Zip Code 55346-4047	Transaction ID : A2020-3079115 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.25
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
Receipt For:		Year-to-Date V	—
Primary General Other (specify)		3000.00	
SUBTOTAL of Receipts This Page (optional)			346.03

10

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 60 (check only one) I1a 11b 11c 12 X 11a 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	۲C					
Full Name of Individual (Last, First, Middle In A. Carpenter, Allen, , ,	nitial) or Full C	organization Name	Date of Receipt			
Mailing Address 4132 3rd St Apt 1			12 04 Y Y Y Y 2020			
City San Fransisco	State CA	Zip Code 94124-2130	Transaction ID : A2020-2641360 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]			
Full Name of Individual (Last, First, Middle In B. Carpenter, Allen, , ,	nitial) or Full C	rganization Name	Date of Receipt			
·	Mailing Address 4132 3rd St Apt 1					
City San Fransisco	State CA	Zip Code 94124-2130	Transaction ID : A2020-2793882			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]			
Full Name of Individual (Last, First, Middle In C. Carpenter, Allen, , ,	nitial) or Full C	organization Name	Date of Receipt			
Mailing Address 4132 3rd St Apt 1			12 31 2020			
City San Fransisco	State CA	Zip Code 94124-2130	Transaction ID : A2020-3079152 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation						
Receipt For: Primary General Other (specify)]					
SUBTOTAL of Receipts This Page (optional)			346.17			

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 60 (check only one) Image: state sta
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
Full Name of Individual (Last, First, Middle I A. Chambers, Jason, S, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1415 Aaron Creek Drive			11 / 27 / Y Y Y Y 10 27 2020
City Fisherville	State KY	Zip Code 40023	Transaction ID : A2020-2624422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.36	1
Full Name of Individual (Last, First, Middle I B. Chambers, Jason, S, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1415 Aaron Creek Drive			12 11 2020
City Fisherville	State KY	Zip Code 40023	Transaction ID : A2020-2680260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]
Full Name of Individual (Last, First, Middle I C. Chambers, Jason, S, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1415 Aaron Creek Drive			12 24 2020
City Fisherville	State KY	Zip Code 40023	Transaction ID : A2020-3079135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.25
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00]
SUBTOTAL of Receipts This Page (optional)			346.03

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 60 (check only one) 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)									
Α.	Full Name of Individual (Last, First, Middle Init Chernow, David, S, Mr.,	ial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 700 Gladstone Court			11 27 2020							
	City	State PA	Zip Code	Transaction ID : A2020-2624439							
	Mechanicsburg	_	17055	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		192.31							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	Select Medical Corporation Receipt For:	-	sident								
	Primary General	Aggregate	Year-to-Date ▼	1							
	Other (specify) v		4615.44	1							
B R	Full Name of Individual (Last, First, Middle Init Chernow, David, S, Mr.,	ial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 700 Gladstone Court			12 11 2020							
	City	State	Zip Code	Transaction ID : A2020-2680277							
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.31							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) sident	Memo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 4807.75								
с.	Full Name of Individual (Last, First, Middle Init Chernow, David, S, Mr.,	ial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 700 Gladstone Court			M M / D D / Y Y Y Y Y 12 24 2020							
	City	State PA	Zip Code 17055	Transaction ID : A2020-3079107							
	FEC ID number of contributing	_	17055	Amount of Each Receipt this Period							
	federal political committee.	C		192.25							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		5000.00								
s	UBTOTAL of Receipts This Page (optional)			576.87							
Т	OTAL This Period (last page this line number of	only)	••••••								

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 60 (check only one) ************************************
				person for the purpose of soliciting contributions te to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Α.	Full Name of Individual (Last, First, Middle Ini Deemer, Miriam, R, Mrs.,	tial) or Full C	organization Name	Date of Receipt
	Mailing Address 285 Merriweather Rd			11 27 Y Y Y Y 11 27 2020
	City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2020-2624441 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3230.88]
в.	Full Name of Individual (Last, First, Middle Ini Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	tial) or Full C	organization Name	Date of Receipt
	City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2020-2680279 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3423.19]
C.	Full Name of Individual (Last, First, Middle Ini Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	tial) or Full C	organization Name	Date of Receipt
	City Grosse Pointe Farms	State MI	Zip Code 48236-3428	12 24 2020 Transaction ID : A2020-3079109 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3615.50]
				576.93

SUBTOTAL of Receipts This Page (optional)						57	0.00	,
SUBTOTAL of Receipts This Page (optional)			 	 		 	- E	
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TOTAL This Derived (last name this line number only)								
TOTAL This Period (last page this line number only)		1.1	 100	 	April 1	 	100	1.1

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 60 (check only one) Image: Check one) Imag				
Any information copied from such Reports and or for commercial purposes, other than using th							
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C						
Full Name of Individual (Last, First, Middle Ir A. DeGumbia, David, J, Mr.,	nitial) or Full C	organization Name	Date of Receipt				
Mailing Address 383 Pattonwood Dr			M M / D D / Y Y Y Y 11 27 2020				
City Southington	State CT	Zip Code 06489	Transaction ID : A2020-2624436 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.39				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.36]				
Full Name of Individual (Last, First, Middle Ir B. DeGumbia, David, J, Mr.,	nitial) or Full C	organization Name	Date of Receipt				
Mailing Address 383 Pattonwood Dr			12 11 2020				
City Southington	State CT	Zip Code 06489	Transaction ID : A2020-2680274				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]				
Full Name of Individual (Last, First, Middle Ir C. DeGumbia, David, J, Mr.,	nitial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 383 Pattonwood Dr	1		12 / D / Y Y Y Y 24 2020				
City Southington	State CT	Zip Code 06489	Transaction ID : A2020-3079104 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.25				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00]				
SUBTOTAL of Receipts This Page (optional)			346.03				

SCHEDULE /	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 11a 13	
					urpose of soliciting contributions ributions from such committee.
	MITTEE (In Full)	C			
A. Dehoff, Jame		nitial) or Full C	Organization Name	Date of F	Receipt
	1317 Abington Way			11	/ D D / Y Y Y Y 27 2020
City Mechanicsburg		State PA	Zip Code 17050		ction ID : A2020-2624408 of Each Receipt this Period
FEC ID number federal political	5	С			192.31
Select Medical C	yer (for Individual) Corporation		upation (for Individual) nior Vice President	Mer	no Item
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 4615.44		
Full Name of In B. Dehoff, Jam	dividual (Last, First, Middle I Ies, L, Jr., Jr.	nitial) or Full C	Organization Name	Date of F	Receipt
	1317 Abington Way			M M 12	/ D D / Y Y Y Y 11 2020
City Mechanicsburg		State PA	Zip Code 17050		ction ID : A2020-2680246 of Each Receipt this Period
FEC ID number federal political	5	С			192.31
Name of Emplo Select Medical C	yer (for Individual) corporation		cupation (for Individual) nior Vice President	Mer	no Item
Receipt For: Primary Other (spe		Aggregate	Year-to-Date ▼ , 4807.75		
Full Name of In C. Dehoff, Jar	dividual (Last, First, Middle II nes, L, Jr., Jr.	hitial) or Full C	Drganization Name	Date of F	Receipt
	1317 Abington Way			M M 12	/ D D / Y Y Y Y Y 24 2020
City Mechanicsburg		State PA	Zip Code 17050		ction ID : A2020-3079121 of Each Receipt this Period
FEC ID number of contributing federal political committee.		С			192.25
Name of Employ Select Medical C	yer (for Individual) Corporation		upation (for Individual) ior Vice President	Mer	no Item
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	_	
Other (spe	ecify)		5000.00		
SUBTOTAL of Re	ceipts This Page (optional)				576.87

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 60 (check only one)					
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C							
A. Dishner, Kerry, R, , Mailing Address 202 Downing Pl	Initial) or Full C	Organization Name	Date of Receipt					
Suite 1050	State	Zip Code	11 27 2020 Transaction ID : A2020-2624440					
Mechanicsburg FEC ID number of contributing federal political committee.	C	17050-6881	Amount of Each Receipt this Period 115.39					
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vic	upation (for Individual) e President Year-to-Date ▼	Memo Item					
Other (specify) ▼		2769.36]					
Full Name of Individual (Last, First, Middle B. Dishner, Kerry, R, ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 202 Downing Pl Suite 1050			12 11 2020					
City Mechanicsburg	State PA	Zip Code 17050-6881	Transaction ID : A2020-2680278 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		115.39					
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2884.75]					
Full Name of Individual (Last, First, Middle C. Dishner, Kerry, R, ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 202 Downing Pl Suite 1050	Mailing Address 202 Downing PI Suite 1050							
City Mechanicsburg	State PA	Zip Code 17050-6881	Transaction ID : A2020-3079108 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		115.25					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00]					
SUBTOTAL of Receipts This Page (optional).			346.03					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 60 (check only one)			
	y information copied from such Reports and St. for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;					
Α.	Full Name of Individual (Last, First, Middle Initi Evans, Alan, , ,	al) or Full C	rganization Name	Date of Receipt			
	Mailing Address 4714 Gettysburg Rd	11 27 2020					
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2624435 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Exe	upation (for Individual) cutive	Memo Item			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	1			
B	Full Name of Individual (Last, First, Middle Initi Evans, Alan, , ,	al) or Full C	rganization Name	Date of Receipt			
Б.	Mailing Address 4714 Gettysburg Rd	12 11 2020					
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2680273 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C ID number of contributing					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56]			
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Evans, Alan, , ,	al) or Full C	rganization Name	Date of Receipt			
	Mailing Address 4714 Gettysburg Rd			12 24 2020			
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-3079103 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95]			
s	UBTOTAL of Receipts This Page (optional)		•	346.17			

SUBTOTAL of Receipts This Page (optional)	L	 	<u> </u>	 _	Ţ		46.1	7
TOTAL This Period (last page this line number only)	l		-	_	-		-	_

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 60 (check only one) Image: Check only one in the image: Check only one in the image: Check on in the im
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC		
Full Name of Individual (Last, First, Middle A. Farley, Kyle, L, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 13316 E 93rd St			11 27 / Y Y Y Y Y 2020
City Kansas City	State MO	Zip Code 64138-5000	Transaction ID : A2020-2624434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.80]
Full Name of Individual (Last, First, Middle B. Farley, Kyle, L, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 13316 E 93rd St	12 / D D / Y Y Y Y Y 12 11 2020		
City Kansas City	State MO	Zip Code 64138-5000	Transaction ID : A2020-2680272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.19]
Full Name of Individual (Last, First, Middle C. Farley, Kyle, L, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 13316 E 93rd St			12 24 2020
City Kansas City	State MO	Zip Code 64138-5000	Transaction ID : A2020-3079102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1615.58]
SUBTOTAL of Receipts This Page (optional	l)		346.17

FEC Schedule A (Form 3X) Rev. 06/2016

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 60			
ITE	EMIZED RECEIPTS		for each category of the				
			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
/							
Α.	Full Name of Individual (Last, First, Middle Initia Fucci, Thomas, , ,	I) or Full O	rganization Name	Date of Receipt			
	Mailing Address 5024 Westbury Farms Dr			M M / D D / Y Y Y Y 11 27 2020			
	City	State	Zip Code	Transaction ID : A2020-2624450			
	Erie	PA	16506-6120	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼	—			
	Primary General	Aggregate					
	Other (specify) ▼		2769.36				
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Receipt			
	Mailing Address 5024 Westbury Farms Dr						
		12 11 2020					
	City Erie	State PA	Zip Code	Transaction ID : A2020-2680288			
			16506-6120	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
		eral political committee.					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General	· · · ·	0004.75	1			
	Other (specify) v		, 2884.75				
	Full Name of Individual (Last, First, Middle Initia Fucci, Thomas, , ,	l) or Full O	rganization Name	Date of Receipt			
	Mailing Address 5024 Westbury Farms Dr			12 24 Y Y Y Y 12 24 2020			
	City	State	Zip Code	Transaction ID : A2020-3079118			
	Erie	PA	16506-6120	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.25			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator	Memo Item			
	Receipt For:						
	Primary General	Year-to-Date ▼					
	Other (specify)		3000.00				
s	JBTOTAL of Receipts This Page (optional)		\	346.03			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 60 (check only one) * 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions et to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initi Godley, Karen, , , Mailing Address 4714 Gettysburg Rd	al) or Full C	Organization Name	Date of Receipt	
				12 04 2020	
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2641357 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95		
в.	Full Name of Individual (Last, First, Middle Initi Godley, Karen, , ,	al) or Full C	Organization Name	Date of Receipt	
	Mailing Address 4714 Gettysburg Rd	M M / D D / Y Y Y Y 12 18 2020			
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2793879	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) acutive	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]	
	Full Name of Individual (Last, First, Middle Initi Godley, Karen, , ,	al) or Full C	Organization Name	Date of Receipt	
0.	Mailing Address 4714 Gettysburg Rd			12 31 2020	
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-3079149 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73]	
s	UBTOTAL of Receipts This Page (optional)			▶ 346.17	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 60 (check only one) Image: state
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor, I.	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 6 Windy Drive			11 / D D / Y Y Y Y 27 2020
	City Shavertown	State PA	Zip Code 18708	Transaction ID : A2020-2624444 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ef Medical Officer	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4615.44	
в.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor, I.	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 6 Windy Drive	-1		12 D D / Y Y Y Y 12 11 2020
	City Shavertown	State PA	Zip Code 18708	Transaction ID : A2020-2680282 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ief Medical Officer	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.75	
с.		al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 6 Windy Drive			12 24 2020
	City Shavertown	State PA	Zip Code 18708	Transaction ID : A2020-3079112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.25
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ef Medical Officer	Memo Item
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 5000.00	
s	UBTOTAL of Receipts This Page (optional)			576.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 60 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
Full Name of Individual (Last, First, Middle Init Hedeman, Robin, , Ms., Mailing Address 15 W Main St PO 194 City Brookside FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	State NJ C	Drganization Name Zip Code 07926 upation (for Individual) e President Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini		461.76]
B. Hedeman, Robin, , Ms., Mailing Address 15 W Main St PO 194 City Brookside FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State NJ C Occ Vice Aggregate	Zip Code 07926 supation (for Individual) e President Year-to-Date 481.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init C. Hedeman, Robin, , Ms., Mailing Address 15 W Main St PO 194 City Brookside FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State NJ C	Zip Code 07926 upation (for Individual) President Year-to-Date T 500.00	Date of Receipt 12 24 2020 Transaction ID : A2020-3079143 Amount of Each Receipt this Period 19.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			57.48

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 27 OF 60 (check only one)
			Detailed Summary Page	× 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Hollenbach, John, T, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 3607 Weymouth Drive			11 27 2020
	City	State PA	Zip Code 17050	Transaction ID : A2020-2624443
	Mechanicsburg		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify) ▼	L	1153.86]
в.	Full Name of Individual (Last, First, Middle Initia Hollenbach, John, T, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 3607 Weymouth Drive	12 11 2020		
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2020-2680281 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.17]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hollenbach, John, T, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 3607 Weymouth Drive			12 24 2020
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2020-3079111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1538.48]
s	UBTOTAL of Receipts This Page (optional)			576.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 60 (check only one)		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С				
Full Name of Individual (Last, First, Middle In A. Jackson, Martin, F, Mr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jackson, Martin, F, Mr.,				
Mailing Address 116 Ellesmere Lane		[11 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2624409 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		192.31		
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Exe	upation (for Individual) cutive Vice President	Memo Item		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4615.44	1		
Full Name of Individual (Last, First, Middle In B. Jackson, Martin, F, Mr.,	itial) or Full C	organization Name	Date of Receipt		
Mailing Address 116 Ellesmere Lane	M M / D D / Y Y Y Y Y 12 11 2020				
City	State PA	Zip Code	Transaction ID : A2020-2680247		
Mechanicsburg FEC ID number of contributing federal political committee.	C	17055	Amount of Each Receipt this Period		
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive Vice President	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.75]		
Full Name of Individual (Last, First, Middle In C. Jackson, Martin, F, Mr.,	itial) or Full C	Prganization Name	Date of Receipt		
Mailing Address 116 Ellesmere Lane					
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-3079122 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		192.25		
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Vice President	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]		
SUBTOTAL of Receipts This Page (optional)			576.87		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 60 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ŃC		
Full Name of Individual (Last, First, Middle I James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	nitial) or Full C	Organization Name	Date of Receipt
City Greenville	State SC	Zip Code 29607	11 27 2020 Transaction ID : A2020-2624438 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	upation (for Individual) e President Year-to-Date ▼ 2769.36	Memo Item
Full Name of Individual (Last, First, Middle I James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	nitial) or Full C	Organization Name	Date of Receipt
City Greenville FEC ID number of contributing	State SC	Zip Code 29607	Transaction ID : A2020-2680276 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occ	upation (for Individual) e President Year-to-Date ▼ 2884.75	Memo Item
Full Name of Individual (Last, First, Middle I C. James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	nitial) or Full C	Organization Name	Date of Receipt
City Greenville	State SC	Zip Code 29607	12 24 2020 Transaction ID : A2020-3079106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.25
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) President Year-to-Date ▼ 3000.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			▶ 346.03

FEC Schedule A (Form 3X) Rev. 06/2016

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 OF 60 (check only one)
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u> </u>	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1750 Eliza Way			11 / 27 / Y Y Y Y 2020
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2020-2624426 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.32]
— R	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	l) or Full C	Organization Name	Date of Receipt
Б.	Mailing Address 1750 Eliza Way	12 11 2020		
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2020-2680264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	76.93		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.25]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1750 Eliza Way	State	Zip Code	12 / 24 / 2020 Transaction ID : A2020-3079139
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.18]
s	UBTOTAL of Receipts This Page (optional)			230.79

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 OF 60 (check only one) Image: Check only one in the image: Check only one in the image: Check on the
	y information copied from such Reports and Si for commercial purposes, other than using the			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Init Kurmakov, Aleksey, N, Mr.,	ial) or Full O	Drganization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr			11 / 27 / Y Y Y Y 11 27
	City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2020-2624411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼		2769.36	
в.	Full Name of Individual (Last, First, Middle Init Kurmakov, Aleksey, N, Mr.,	ial) or Full O	Drganization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr			12 / D D / Y Y Y Y Y 12 11 2020
	City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2020-2680249 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		2884.75	
C.	Full Name of Individual (Last, First, Middle Init Kurmakov, Aleksey, N, Mr.,	ial) or Full O	Drganization Name	Date of Receipt
	Mailing Address 2409 W Bayberry Dr			12 / D D / Y Y Y Y 12 24 2020
	City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2020-3079124 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.25
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3000.00	
Γ				246.02

SUBTOTAL of Receipts This Page (optional)	L	 _		_	-	y		10.03	
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TOTAL This Period (last page this line number only)	L	 	-			- 10-	 	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 60 (check only one) Image: Check o							
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;									
Α.	Full Name of Individual (Last, First, Middle Initi Lacey, Mary, B, ,	al) or Full C	rganization Name	Date of Receipt							
,	Mailing Address 44 Sunfire Avenue			11 27 2020							
	City	State	Zip Code	Transaction ID : A2020-2624428							
	Camp Hill	PA	17011	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		692.34	1							
В.	Full Name of Individual (Last, First, Middle Initi Lacey, Mary, B, ,	al) or Full C	rganization Name	Date of Receipt							
	Mailing Address 44 Sunfire Avenue	12 11 2020									
	City	State	Zip Code	Transaction ID : A2020-2680266							
	Camp Hill	PA	17011	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Lacey, Mary, B, ,	al) or Full C	rganization Name	Date of Receipt							
	Mailing Address 44 Sunfire Avenue			12 24 2020							
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2020-3079141 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	Select Medical Corporation Receipt For:		President								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.12	1							
s	UBTOTAL of Receipts This Page (optional)			346.17							

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TOTAL This Period (last page this line number only)	L		 7	 _	7	 _	- 10	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 OF 60 (check only one) Image: Check only one in the image: Check on the image: Check o											
	y information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initi Lehman, Marybeth, , ,	al) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 4714 Gettysburg Rd	01-1-	7.0.0	12 04 2020 Transaction ID : A2020-2641359											
	City Mechanicsburg	State PA	Zip Code 17055												
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) ecutive	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34	1											
В.	Full Name of Individual (Last, First, Middle Initi Lehman, Marybeth, , ,	al) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 4714 Gettysburg Rd	State	Zip Code	12 18 2020 Transaction ID : A2020-2793881											
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		115.39 Memo Item											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807,73]											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Lehman, Marybeth, , ,	al) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 4714 Gettysburg Rd	01-1-	7.000	12 D D / Y Y Y Y 12 31 2020											
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-3079151											
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 115.39 Memo Item											
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.12]											
s	UBTOTAL of Receipts This Page (optional)			346.17											

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		FOR LINE NUMBER: PAGE 34 OF 60 (check only one) Image: Check only one (Check only one) Image: Check only one) Image:														
	y information copied from such Reports and Sta for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																
Α.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full	Orga	nization Name	Date of Receipt												
	Mailing Address 36 Indian Bayou Drive				12 04 2020 Transaction ID - A2020-2641256												
	City Destin	State FL		Zip Code 32541	Transaction ID : A2020-2641356 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			115.39												
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident of Operations	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	ar-to-Date ▼ 1423.27													
В.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms., Mailing Address 36 Indian Bayou Drive	al) or Full	Orgai	nization Name	Date of Receipt												
				1	12 18 2020												
	City Destin	State FL		Zip Code 32541	Transaction ID : A2020-2793878 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			115.39												
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident of Operations	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	ar-to-Date ▼ 1538.66													
	Full Name of Individual (Last, First, Middle Initia	al) or Full	Orgo	nization Nome													
C.	Lindley, Lauren, B, Ms.,	ai) or Fuli	Orgai	nization Name	Date of Receipt												
	Mailing Address 36 Indian Bayou Drive				12 31 Y Y Y Y 12 31 2020												
	City Destin	State FL		Zip Code 32541	Transaction ID : A2020-3079148 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			115.39												
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident of Operations	Memo Item												
	Receipt For:	Aggregat	te Yea	ar-to-Date V													
	Primary General Other (specify)		-7-	1654.05													

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)							60							
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC															
Α.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr.,	l) or Full (Organi	zation Name	Date o	of Receipt										
	Mailing Address 4145 Serenity Street				11 27 2020											
	City Schwenksville	State PA		Zip Code 19473		saction ID : It of Each F		-	_							
	FEC ID number of contributing federal political committee.	С				1 7 1		192.31								
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) ice President	N	lemo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year	-to-Date ▼ 3230.88												
в.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	l) or Full (Organi	zation Name	Date o	of Receipt) / Y	YYYY								
					12 11 2020											
	City	State		Zip Code	Trans	saction ID :	A2020-268	0256								
	Schwenksville	PA		19473	Amoun	nt of Each F	Receipt this	Period								
	FEC ID number of contributing federal political committee.	С			192.31											
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) ice President	Memo Item											
	Receipt For:	Aggregate	e Year	-to-Date 🔻												
	Primary General Other (specify) ▼		<u>,</u>	, 3423.19												
C.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr.,	l) or Full (Organi	zation Name	Date o	of Receipt										
	Mailing Address 4145 Serenity Street	1			12	/ D 24		y y y 2020								
	City	State PA		Zip Code		saction ID :										
	Schwenksville	PA		19473	Amoun	nt of Each F	Receipt this	Period								
	FEC ID number of contributing federal political committee.	С			192.31 Memo Item											
	Name of Employer (for Individual)		•	on (for Individual)												
	Select Medical Corporation			ce President	_	-										
	Receipt For: Primary General Other (specify)	Aggregate	e Year	-to-Date ▼ 3615.50												

SUBTOTAL of Receipts This Page (optional)		9	_	57	76.93	3		
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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 60 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC												
Full Name of Individual (Last, First, Middle Marshall, Christopher, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 4966 Cline Hollow Road			11 27 2020										
City Export	State PA	Zip Code 15632	Transaction ID : A2020-2624413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.39										
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Ser	upation (for Individual) nior Vice President Year-to-Date ▼ 2769.36	Memo Item										
Full Name of Individual (Last, First, Middle Marshall, Christopher, L, Mr., Mailing Address 4966 Cline Hollow Road	Date of Receipt												
City Export	State PA	Zip Code 15632	12 11 2020 Transaction ID : A2020-2680251 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.39 Memo Item										
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]										
Full Name of Individual (Last, First, Middle C. Marshall, Christopher, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 4966 Cline Hollow Road			12 24 2020										
City Export	State PA	Zip Code 15632	Transaction ID : A2020-3079126 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		115.25										
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00]										
SUBTOTAL of Receipts This Page (optional)			346.03										

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 60 (check only one) 11a 11a 11b 13 14
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	name and ac		e to solicit contributions from such committee.
Α.	Full Name of Individual (Last, First, Middle Init Mullin, Thomas, P, Mr., Mailing Address 215 St James Court	tial) or Full Or	ganization Name	Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17050	11 27 2020 Transaction ID : A2020-2624432 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Chie	pation (for Individual) f Operating Officer Year-to-Date ▼	Memo Item
	Under (specify) ▼ Full Name of Individual (Last, First, Middle Init	tial) or Full Or	3230.88	
В.	Mullin, Thomas, P, Mr., Mailing Address 215 St James Court City	State	Zip Code	Date of Receipt
	Mechanicsburg FEC ID number of contributing federal political committee.	PA C	17050	Transaction ID : A2020-2680270 Amount of Each Receipt this Period 192.31
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Chie	ipation (for Individual) If Operating Officer	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 3423.19]
C.	Full Name of Individual (Last, First, Middle Init Mullin, Thomas, P, Mr., Mailing Address 215 St James Court	tial) or Full Or	ganization Name	Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17050	Tz Z4 Z020 Transaction ID : A2020-3079145 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Chief	pation (for Individual) f Operating Officer Year-to-Date ▼	Memo Item
	Primary General Other (specify)		3615.50]

SUBTOTAL of Receipts This Page (optional)			,			9	5	76.93	3	
TOTAL This Period (last page this line number only)		Į.			Ţ				Ţ	٦

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 60 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Mumma, Michael, J, Mr.,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 5782 Stillwell Court			11 / 27 / Y Y Y Y 11 27
	City	State PA	Zip Code 17112	Transaction ID : A2020-2624423
	Harrisburg		17112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		923.28	1
	Other (specify)		323.20	1
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	organization Name	
В.	Mumma, Michael, J, Mr.,	,	3	Date of Receipt
	Mailing Address 5782 Stillwell Court			12 11 2020
	City	State	Zip Code	Transaction ID : A2020-2680261
	Harrisburg	PA	17112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		961.75]
с.	Full Name of Individual (Last, First, Middle Initi Mumma, Michael, J, Mr.,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 5782 Stillwell Court			M M / D D / Y Y Y Y 12 24 2020
	City	State	Zip Code	Transaction ID : A2020-3079136
	Harrisburg	PA	17112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.22]
s	UBTOTAL of Receipts This Page (optional)			115.41

SCHEDULE	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF 60 (check only one) 11a 11a 11b 13 14
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	MMITTEE (In Full) edical Corporation PA	C		
	Individual (Last, First, Middle Ir Francis, P, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
	s 655 North Heilbron Drive			M M / D D / Y Y Y Y 12 04 2020
City		State	Zip Code	Transaction ID : A2020-2641354
Media		PA	19063	Amount of Each Receipt this Period
FEC ID number federal politica	er of contributing I committee.	С		115.39
Name of Empl Select Medical	loyer (for Individual) Corporation		upation (for Individual) gional Vice President	Memo Item
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 2884.75]
	Individual (Last, First, Middle Ir Francis, P, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Addres	88 655 North Heilbron Drive			12 18 2020
City Media		State PA	Zip Code 19063	Transaction ID : A2020-2793876 Amount of Each Receipt this Period
FEC ID number federal politica	er of contributing I committee.	С		115.25
Name of Emp Select Medical	loyer (for Individual) Corporation		cupation (for Individual) gional Vice President	Memo Item
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ , 3000.00]
	Individual (Last, First, Middle Ir Rocco, A, Mr.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Addres	ss 7 Westwind Dr			11 / D D / Y Y Y Y 11 27 2020
City Lemoyne		State PA	Zip Code 17043-1234	Transaction ID : A2020-2624406 Amount of Each Receipt this Period
FEC ID number federal politica	er of contributing I committee.	С		192.31
Name of Empl	loyer (for Individual) I Corporation		upation (for Individual) e-Chairman	Memo Item
Receipt For:	1		Year-to-Date V	—
Primary Other (s	General pecify)		4615.44]
SUBTOTAL of F	Receipts This Page (optional)	<u> </u>		422.95

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 60 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 I3 14 15 16 17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	l) or Full C	Organization Name	Date of Receipt		
	Mailing Address 7 Westwind Dr			12 11 2020		
	City Lemoyne	State PA	Zip Code 17043-1234	Transaction ID : A2020-2680244 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		192.31		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e-Chairman	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.75]		
B R	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	l) or Full C	Organization Name	Date of Receipt		
D.	Mailing Address 7 Westwind Dr	ddress 7 Westwind Dr				
	City Lemoyne	State PA	Zip Code 17043-1234	Transaction ID : A2020-3079119 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		192.25		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e-Chairman	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 5000.00]		
<u> </u>	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	l) or Full C	Organization Name	Date of Receipt		
	Mailing Address 21723 E Rowland Cir	State	Zip Code	11 27 2020		
	City Aurora	CO	80016-3608	Transaction ID : A2020-2624448 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		153.84		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Other (specify)		3000.06]		
s	JBTOTAL of Receipts This Page (optional)			538.40		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		R LINE ck only	one		: F	г	41	OF	60					
			[Detailed Summary Page		13		14	1	- F	16		17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					or the	purpo	ose o	f solic	iting	contrib				
\square	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	Orgai	nization Name	Date of Receipt										
	Mailing Address 21723 E Rowland Cir				12 11 2020										
	City	State		Zip Code		Trans	actio	n ID :	A202	0-26	80286				
	Aurora	CO		80016-3608	_ /	Amount	of E	ach F	Receip	ot this	Perio	d			
	FEC ID number of contributing federal political committee.	С								,	153	3.84			
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	-	Me	emo	Item							
	Select Medical Corporation		•	esident											
	Receipt For:	Anareaate	Yea	r-to-Date ▼	_										
	Primary General	, iggi oguto	, 100												
	Other (specify) v	L	7	3153.90											
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Orgai	nization Name											
В.	Pegler, William, L, Mr.,				[Date of	Rec	eipt							
	Mailing Address 21723 E Rowland Cir					^M ^M 12	/	D 24		Y	y y 2020	Y			
	City	State		Zip Code		Transa									
	Aurora	CO		80016-3608	/	Amount	of E	ach F	Receip	ot this	Perio	d			
	FEC ID number of contributing federal political committee.	С								,	153	3.84			
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident		Me	emo	ltem							
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General	, iggi oguto	, 100												
	Other (specify)	L	,	, 3307.74											
C.	Full Name of Individual (Last, First, Middle Initia Pennacchia, Raymond, J, Mr.,	al) or Full C	Orgai	nization Name		Date of	Rec	eipt							
	Mailing Address 6 Cold Spring Lane					M M	/	D 27		Y	y y 2020	Y			
	City	State		Zip Code		Trans	actio	n ID	: A202	20-26	24417				
	Media	PA		19063	A	Amount	of E	ach F	Receip	ot this	Perio	d			
	FEC ID number of contributing federal political committee.	С					,			,	11:	5.39			
	Name of Employer (for Individual)	0.0	cupat	ion (for Individual)		Me	emo	ltem							
	Select Medical Corporation		•	sident of Marketing Senior											
	Receipt For:	1		ir-to-Date V											
	Primary General	, iggi egale													
	Other (specify)	<u> </u>	-	2769.36											
											-		_		

TOTAL This Pariod (last page this line number only)	SUBTOTAL of Receipts This Page (optional)	L	_		_	_		 42	23.0	7
I UTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only)	Γ		_			_			

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page		eck on		JMBEF ne) 11b 14		PAGE 11c 15	E 42	2	60		
	y information copied from such Reports and Si for commercial purposes, other than using the					for the		pose c		liciting	contri	butio	ns		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;													
Α.	Full Name of Individual (Last, First, Middle Init Pennacchia, Raymond, J, Mr.,	ial) or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 6 Cold Spring Lane				12 / Y Y Y Y 12 11 2020										
	City Media	State PA		Zip Code 19063				ion ID Each							
	FEC ID number of contributing federal political committee.	С								-7	11	15.39			
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident of Marketing Senior		N	lemo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.75	1										
В.	Full Name of Individual (Last, First, Middle Init Pennacchia, Raymond, J, Mr.,	ial) or Full O	rgar	nization Name		Date c	of Re	eceipt							
	Mailing Address 6 Cold Spring Lane	Iress 6 Cold Spring Lane						D 24	D 1	/ Y	2020				
	City Media	State PA		Zip Code 19063				ion ID Each							
	FEC ID number of contributing federal political committee.	С								-9-	11	15.25			
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident of Marketing Senior		N	lemo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 3000.00]										
С.	Full Name of Individual (Last, First, Middle Init Polo, Fabian, E, Mr.,	ial) or Full O	rgar	nization Name		Date c	of Re	eceipt							
	Mailing Address 7915 Glade Hill Ct					M 11	1 /	D 21		/ Y	2020		1		
	City Dallas	State TX		Zip Code 75218				t ion ID Each							
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		<u>y</u>	11	15.39			
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) CEO/Administrator					/lemo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1384.80]										

SUBTOTAL of Receipts This Page (optional)		,		,		346	6.03	
TOTAL This Period (last page this line number only)		-	i.	- 47-	i.			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 OF 60 (check only one) I1a 11b 11c 12 I1a 114 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
Α.	Full Name of Individual (Last, First, Middle Ini Polo, Fabian, E, Mr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 7915 Glade Hill Ct			12 11 2020
	City Dallas	State TX	Zip Code 75218	Transaction ID : A2020-2680283 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.19]
— B	Full Name of Individual (Last, First, Middle Ini Polo, Fabian, E, Mr.,	tial) or Full O	rganization Name	Date of Receipt
υ.	Mailing Address 7915 Glade Hill Ct			12 / 24 / 2020
	City Dallas	State TX	Zip Code 75218	Transaction ID : A2020-3079113 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1615.58]
С.	Full Name of Individual (Last, First, Middle Ini Pomeranz, Bruce, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			11 27 2020
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2624429 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2769.36]
				346.17

I SUBICIAL OF RECEIPTE THE Pade (Optional)								••••	
SUBIDIAL of Receipts This Page (optional)		_				y	1.1	1	
	_			_					
TOTAL This Period (last page this line number only)			 		_	-	 	-	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 OF 60 (check only one) ************************************
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Pomeranz, Bruce, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			12 / D D / Y Y Y Y 12 11 2020
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2680267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2884.75	
	Full Name of Individual (Last, First, Middle Initia Pomeranz, Bruce, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd		12 24 2020	
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-3079142 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.25
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 20528 Lagoona Drive	Chata	Zin Code	11 ^D D ^D ²⁷ 2020
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2020-2624433 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1384.80	
s	JBTOTAL of Receipts This Page (optional)			346.03

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IТ 	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for Det	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 45 OF 60 (check only one) ************************************								
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not address	be sold or used by any pe of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	al) or Full C	Organiza	ation Name	Date of Receipt								
	Mailing Address 20528 Lagoona Drive				M M / D D / Y Y Y Y 12 11 2020								
	City Cornelius	State NC		p Code 28031	Transaction ID : A2020-2680271 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			115.39								
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼		e Presio		Memo Item								
В.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	al) or Full C	Organiza	ation Name	Date of Receipt								
	Mailing Address 20528 Lagoona Drive				M M / D D / Y Y Y Y 12 24 2020								
	City Cornelius	State NC		p Code 28031	Transaction ID : A2020-3079101 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			115.39								
	Name of Employer (for Individual) Select Medical Corporation		cupatior ce Presid	n (for Individual) dent	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to	o-Date ▼ 1615.58									
с.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full C	Organiza	ation Name	Date of Receipt								
	Mailing Address 1339 Sconsett Way	01-1-		p Code	M M / D D / Y Y Y Y 11 27 2020								
	City New Cumberland	State PA		7070	Transaction ID : A2020-2624420 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			192.31								
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)		nior Vice	e (for Individual) e President o-Date ▼ 4615.44	Memo Item								
s	UBTOTAL of Receipts This Page (optional)				423.09								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 OF 60 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 1339 Sconsett Way	State	Zin Codo									
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2020-2680258								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4807.75]								
в.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 1339 Sconsett Way	01-1-		12 / D D / Y Y Y Y 12 24 2020								
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2020-3079133 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.25								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item								
	Receipt For: Primary General Other (specify) ▼	• Year-to-Date ▼ 5000.00]									
с.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 304 Beechwood Drive			11 / D D / Y Y Y Y 11 27 2020								
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2020-2624446 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.31								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) sident	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		4615.44]								
s	UBTOTAL of Receipts This Page (optional)			576.87								

Image# 202106149448999327						
SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF 60 (check only one)			
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Select Medical Corporation I	PAC					
Full Name of Individual (Last, First, Midd A. Ruskan, Jeffrey, J, Mr.,	le Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 304 Beechwood Drive			12 11 2020			
City Richmond	State VA	Zip Code 23229	Transaction ID : A2020-2680284 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	192.31				
Name of Employer (for Individual) Select Medical Corporation	Select Medical Corporation President					
Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Midd 3. Ruskan, Jeffrey, J, Mr. ,	le Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 304 Beechwood Drive			12 24 2020			
City Richmond	State VA	Zip Code 23229	Transaction ID : A2020-3079114 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		192.25			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00				
Full Name of Individual (Last, First, Midd C. Sarfaty, Beth, R, Ms.,	le Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 34 Wall Street			11 27 / Y Y Y Y 2020			
City West Long Branch	State NJ	Zip Code 07764	Transaction ID : A2020-2624416 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		38.47			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) Clinical Svcs & Quality Mgmt	Memo Item			

Aggregate	Year-to-Date	▼

Other (specify)	923.28	

Receipt For: Primary

General

SUBTOTAL of Receipts This Page (optional)		9	 	_	y	42	3.03	
TOTAL This Period (last page this line number only)	1	-			-		-	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PA (check only one) 11a 11b 11c 13 14 15	AGE 48 OF	60						
	y information copied from such Reports and Sta for commercial purposes, other than using the r				son for the purpose of solicit	ing contributio	ns						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms.,	al) or Full C	Drgai	nization Name	Date of Receipt								
	Mailing Address 34 Wall Street				M M / D D / 12 11 /	Y Y Y Y 2020	1						
	City	State		Zip Code	Transaction ID : A2020)-2680254							
	West Long Branch	NJ		07764	Amount of Each Receipt	this Period							
	FEC ID number of contributing federal political committee.	С				38.47							
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) ical Svcs & Quality Mgmt	Memo Item								
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General Other (specify) ▼		-7-	961.75									
В.	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms.,	al) or Full C	Drgai	nization Name	Date of Receipt								
	Mailing Address 34 Wall Street				M M / D D / Y Y Y Y 12 24 2020								
	City West Long Branch	State NJ		Zip Code 07764	Transaction ID : A2020 Amount of Each Receipt		-						
	FEC ID number of contributing federal political committee.	С			38.47								
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) ical Svcs & Quality Mgmt	Memo Item								
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General Other (specify) ▼		,	1000.22									
с.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	Drgai	nization Name	Date of Receipt								
	Mailing Address 204 Forest Lane North			1	11 / D D / 27	Y Y Y Y 2020							
	City Blountville	State TN		Zip Code 37617	Transaction ID : A2020								
	FEC ID number of contributing federal political committee.	C			_ Amount of Each Receipt	this Period 115.39							
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual)	Memo Item								
	Receipt For:				-								
	Primary General Other (specify)	Aggregate	rea	ar-to-Date ▼ 2769.36									
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SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 0F 60 (check only one) I1a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Select Medical Corporation	on PAC											
Full Name of Individual (Last, First, Schmidt, Megan, P, Ms.,	Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 204 Forest Lane No	orth		12 11 2020									
City	State	Zip Code	Transaction ID : A2020-2680269									
Blountville	TN	37617	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		115.39									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	_									
Primary General Other (specify) ▼		2884.75]									
Full Name of Individual (Last, First, B. Schmidt, Megan, P, Ms.,	Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 204 Forest Lane No	rth		12 24 2020									
City	State	Zip Code	Transaction ID : A2020-3079144									
Blountville	TN	37617	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		115.25									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]									
Full Name of Individual (Last, First, C. Singer, Deborah, L, Mrs.,	Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 195 Honeybelle Ova	al		11 / 27 / 2020									
City	State	Zip Code	Transaction ID : A2020-2624415									
Chagrin Falls	ОН	44022	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		, 115.39									
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify)		2769.36]									
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 50 OF 60 (check only one)
			Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
<u> </u>	Full Name of Individual (Last, First, Middle Initi Singer, Deborah, L, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 195 Honeybelle Oval			12 11 2020
	City Chagrin Falls	State OH	Zip Code 44022	Transaction ID : A2020-2680253 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]
В.	Full Name of Individual (Last, First, Middle Initi Singer, Deborah, L, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 195 Honeybelle Oval			12 24 2020
	City Chagrin Falls	State OH	Zip Code 44022	Transaction ID : A2020-3079128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.25
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 3000.00]
	Full Name of Individual (Last, First, Middle Initi Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
0.	Mailing Address 1685 North 700 West			11 27 2020
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2020-2624412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2769.36]
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	HEDULE A (FEC Form 3X)												
	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 OF 60 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17									
				person for the purpose of soliciting contributions e to solicit contributions from such committee.									
	IAME OF COMMITTEE (In Full) Select Medical Corporation PAC)											
	ull Name of Individual (Last, First, Middle Init Skinner, Gloria, J, Mrs.,	ial) or Full O	rganization Name	Date of Receipt									
_	Aailing Address 1685 North 700 West			12 / Y Y Y Y 12 2020									
	Columbus	State IN	Zip Code 47201	Transaction ID : A2020-2680250 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С											
	lame of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.75]									
	ull Name of Individual (Last, First, Middle Init Skinner, Gloria, J, Mrs.,	ial) or Full O	rganization Name	Date of Receipt									
_	Aailing Address 1685 North 700 West			M M / D D / Y Y Y Y 12 24 2020									
	Columbus	State IN	Zip Code 47201	Transaction ID : A2020-3079125 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С		115.25									
	Jame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ior Vice President	Memo Item									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00]									
C	ull Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	ial) or Full O	rganization Name	Date of Receipt									
N	Aailing Address 5200 Topaz Ct			11 27 2020									
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2020-2624442 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С		115.39									
5	lame of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2769.36]									

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 0F 60 (check only one) I1a 11b 11c 12 13 14 15 16 17					
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 5200 Topaz Ct			12 11 2020					
	City	State	Zip Code	Transaction ID : A2020-2680280					
	Flower Mound	TX	75022-8143	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		2884.75						
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 5200 Topaz Ct			12 24 2020					
	City Flower Mound	State TX	Zip Code 75022-8143	Transaction ID : A2020-3079110 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.25					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		3000.00						
с.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 164 E Dawn Dr			11 / D D / Y Y Y Y 27 / 2020					
	City Tempe	State AZ	Zip Code 85284-3160	Transaction ID : A2020-2624421					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item					
	Receipt For:		e Year-to-Date ▼						
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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 60 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	· · · · · · · · · · · · · · · · · · ·						
Α.	Full Name of Individual (Last, First, Middle Initi Sloterbeek, Meridell, , Mrs.,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 164 E Dawn Dr			12 / Y Y Y Y 12 11 2020				
	City Tempe	State AZ	Zip Code 85284-3160	Transaction ID : A2020-2680259 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		115.39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]				
– R	Full Name of Individual (Last, First, Middle Initi Sloterbeek, Meridell, , Mrs.,	ial) or Full O	rganization Name	Date of Receipt				
υ.	Mailing Address 164 E Dawn Dr			12 24 2020				
	City Tempe	State AZ	Zip Code 85284-3160	Transaction ID : A2020-3079134 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.25				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]				
с.	Full Name of Individual (Last, First, Middle Initi Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive	ial) or Full O	rganization Name	Date of Receipt				
	City Bloomington	State	Zip Code 47401	11 27 2020 Transaction ID : A2020-2624425				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) or Vice President	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2769.36]				
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SC	CHEDULE A (FEC Form 3X)			e separate schedule(s)			R: PAGE	54 OF	60
IT	EMIZED RECEIPTS		for	each category of the tailed Summary Page	(cneck 11 13		11c	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full O	Organiz	ation Name	Date	e of Receipt			
	Mailing Address 3128 Mattatha Drive					2 / D		2020	1
	City Bloomington	State IN	Z	ip Code 47401		ansaction ID ount of Each			
	FEC ID number of contributing federal political committee.	С						115.39)
	Name of Employer (for Individual) Select Medical Corporation		·	n (for Individual) e President		Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 2884.75					
В.	Full Name of Individual (Last, First, Middle Initia Streepy, Kurt, S, Mr.,	al) or Full O	Organiz	ation Name	Date	e of Receipt			
	Mailing Address 3128 Mattatha Drive				М	M / D	D / Y 4	y y y 2020	
	City Bloomington	State IN		ip Code 47401		insaction ID ount of Each			_
	FEC ID number of contributing federal political committee.	С						115.25	5
	Name of Employer (for Individual) Select Medical Corporation			n (for Individual) e President		Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 3000.00					
	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr.,	al) or Full O	Organiz	ation Name	Date	e of Receipt			
0.	Mailing Address 1973 Armstong Drive				М	M / D	D / Y	2020	
	City Lansdale	State PA		ïp Code 19446		ansaction ID ount of Each			_
	FEC ID number of contributing federal political committee.	С				, , , , , , , , , , , , , , , , , , ,	.,	115.39)
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) dent of Work Strategies		Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 576.95					
s	UBTOTAL of Receipts This Page (optional)						. ,	346.03	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 OF 60 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1973 Armstong Drive	1		12 / D D / Y Y Y Y 12 11 2020
	City Lansdale	State PA	Zip Code 19446	Transaction ID : A2020-2680252
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Work Strategies	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]
В.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr., Mailing Address 1973 Armstong Drive	l) or Full C	Organization Name	Date of Receipt
	City Lansdale	State PA	Zip Code 19446	12 24 2020 Transaction ID : A2020-3079127 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Work Strategies	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]
с.	Full Name of Individual (Last, First, Middle Initia Wagley, Ronnie, J, ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 10305 SW 27th PI	State	Zip Code	11 / 27 / 2020 Transaction ID : A2020-2624449
	Gainesville	FL	32608-9083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2769.36]
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 OF 60 (check only one)
ITEMIZED RECEIPTS			for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12
			Detailed Summary Page	
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
/				
Α.	Full Name of Individual (Last, First, Middle Initia Wagley, Ronnie, J, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 10305 SW 27th PI			12 / D D / Y Y Y Y 12 11 2020
	City Gainesville	State FL	Zip Code 32608-9083	Transaction ID : A2020-2680287 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75	
В.	Full Name of Individual (Last, First, Middle Initia Wagley, Ronnie, J, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 10305 SW 27th PI			12 24 2020
	City Gainesville	State FL	Zip Code 32608-9083	Transaction ID : A2020-3079117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.25
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Werner, William, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			12 04 Y Y Y Y 2020
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2641355 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		346.17	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 57 OF 60 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Werner, William, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			M M / D D / Y Y Y Y 12 18 2020
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-2793877 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56]
В.	Full Name of Individual (Last, First, Middle Initia Werner, William, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			12 31 2020
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2020-3079147 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) acutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			11 / 27 / Y Y Y Y 11 27 2020
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2020-2624407 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2769.36]
s	UBTOTAL of Receipts This Page (optional)			346.17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 58 OF 60					
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Stat for commercial purposes, other than using the na			person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Williams, Brian, J, Mr.,) or Full C	Organization Name	Date of Receipt					
	Mailing Address 9670 Rod Road	1		M M / D D / Y Y Y Y 12 11 2020					
	City	State GA	Zip Code 30022	Transaction ID : A2020-2680245					
	Alpharetta	GA	30022	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General Other (specify) ▼		2884.75]					
В.	Full Name of Individual (Last, First, Middle Initial Williams, Brian, J, Mr.,) or Full C	Organization Name	Date of Receipt					
	Mailing Address 9670 Rod Road			12 24 2020					
	City	State	Zip Code	Transaction ID : A2020-3079120					
	Alpharetta	GA	30022	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.25					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		, 3000.00]					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial Zanke, Christopher, V, Mr.,) or Full C	Organization Name	Date of Receipt					
	Mailing Address 7 Martha Court	1 -		12 / D D / Y Y Y Y 12 04 2020					
	City Canonsburg	State PA	Zip Code 15317	Transaction ID : A2020-2641353					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 115.39					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Select Medical Corporation	1	e President of Operations						
	Receipt For:	Aggregate	Year-to-Date ▼	_					
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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 OF 60 (check only one) 11a 11a 11b 13 14
				person for the purpose of soliciting contributions se to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
	Full Name of Individual (Last, First, Middle Initia Zanke, Christopher, V, Mr.,	al) or Full C	Organization Name	Date of Receipt
I	Mailing Address 7 Martha Court			M M / D D / Y Y Y Y 12 18 2020
	Canonsburg	State PA	Zip Code 15317	Transaction ID : A2020-2793875 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		115.39
:	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations	Memo Item
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.66	
B.	Full Name of Individual (Last, First, Middle Initia Zanke, Christopher, V, Mr.,	al) or Full C	Organization Name	Date of Receipt
_	Mailing Address 7 Martha Court			12 31 2020
	City Canonsburg	State PA	Zip Code 15317	Transaction ID : A2020-3079146 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations	Memo Item
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1654.05	
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt
-	Mailing Address			
(Dity	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		
Ī	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Ī	Receipt For: Primary General Other (specify)		Year-to-Date ▼	
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	E B (FEC Form 3X)	Use ser	parate schedule(s)	-	E NUMBER: PAGE 60 OF 60				
ITEMIZED DISBURSEMENTS			a category of the d Summary Page	(check only 21b 28a	22 🗶 23 🗌 26 🗌 27				
Any information or for commerce	n copied from such Reports and State cial purposes, other than using the na	ements may ame and ad	not be sold or use dress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	COMMITTEE (In Full)								
	Aedical Corporation PAC								
Full Name (A. New Vo	Last, First, Middle Initial) ice PAC				Date of Disbursement				
Mailing Add	ress 35 East Gay Street Suite 403				12 08 2020				
City Columbus		State OH	Zip Code 43215		FEC Identification Number				
	Disbursement n	_		011	C C00545236 Transaction ID : B782067				
Candidate N	lame			Category/ Type	Amount of Each Disbursement this Period				
Office Soug	Senate	ement For: Primary	General		2500.00				
State:	District:	Other (sp	ecify) ▼ Not Applicable		Memo Item				
	Last, First, Middle Initial) er Everyone Realizes Rea	I Impact	PAC		Date of Disbursement				
Mailing Add	ress 499 S Capitol STreet SW Suite 4	104			12 08 2020				
	Disbursement		FEC Identification Number						
Contributio				011 Category/ Type	Transaction ID : B782068 Amount of Each Disbursement this Period				
Office Soug	Senate	ement For: Primary	2020 General		5000.00				
State:	District:	Other (sp	ecify) Not Applicable		Memo Item				
Full Name (C.	Last, First, Middle Initial)				Date of Disbursement				
Mailing Add	ress								
City		State	Zip Code		FEC Identification Number				
Purpose of	Disbursement			· · · ·]	C				
Candidate N	lame			Category/ Type	Amount of Each Disbursement this Period				
Office Soug	ht: House Disburse Senate President	ement For: Primary Other (sp	General ecify) ▼						
State:	District:		J, T		Memo Item				
SUBTOTAL O	f Disbursements This Page (optional)			····· •	7500.00				
TOTAL This F	Period (last page this line number onl	y)		····· •	7500.00				