

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

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

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

 Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

 Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer William Walters [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7592.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9463.12"/>	<input type="text" value="83457.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="17055.81"/>	<input type="text" value="95085.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34000.00"/>	<input type="text" value="112030.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-16944.19"/>	<input type="text" value="-16944.19"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Select Medical Corporation PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8924.40	65150.85
(ii) Unitemized	538.72	18306.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9463.12	83457.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9463.12	83457.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9463.12	83457.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9463.12	83457.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	112000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34000.00	112030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34000.00	112030.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9463.12	83457.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9463.12	83457.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.00

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

Form/Schedule: F3XN
Transaction ID :

While the ending balance disclosed on Line 8 of the Summary Page is negative, this figure does not indicate any debts owed by our PAC and we do not need to itemize anything on Schedule D. The negative book balance is simply a result of a combination of checks not yet deposited by recipients and deposits to the PAC which are in transit.

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 7 OF 69
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 402 Huron Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : A2014-1548259

Amount of Each Receipt this Period
19.24

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

Mailing Address 402 Huron Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : A2014-1548063

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Ms. Joan Alverzo

Mailing Address 152 Old Landing Road

City Ocean City	State MD	Zip Code 21842
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : A2014-1548260

Amount of Each Receipt this Period
19.24

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 9 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Joan Alverzo

Mailing Address 152 Old Landing Road

City State Zip Code
Ocean City MD 21842

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548064

Amount of Each Receipt this Period
19.24

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

Mailing Address 8444 Tibet Butler Dr

City State Zip Code
Windermere FL 34786

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1441230

Amount of Each Receipt this Period
19.24

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

Mailing Address 545 Mud College Road

City State Zip Code
Littlestown PA 17340

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548261

Amount of Each Receipt this Period
76.93

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 545 Mud College Road

City Littlestown State PA Zip Code 17340

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.95

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : A2014-1548065

Amount of Each Receipt this Period
76.93

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

Mailing Address 2851 SW 137 Court

City Miami State FL Zip Code 33175

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : A2014-1548066

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Ms. Kelly L Blake

Mailing Address 3269 Blue Goose Road

City Nicktown State PA Zip Code 15762

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014
Transaction ID : A2014-1548263

Amount of Each Receipt this Period
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Kelly L Blake
Full Name (Last, First, Middle Initial)

Mailing Address 3269 Blue Goose Road

City Nicktown State PA Zip Code 15762

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1548067

Amount of Each Receipt this Period
19.24

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

Mailing Address 3047 Terra Maria Way

City Ellicott City State MD Zip Code 21042

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1115.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : A2014-1548264

Amount of Each Receipt this Period
115.38

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

Mailing Address 3047 Terra Maria Way

City Ellicott City State MD Zip Code 21042

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1230.85**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1548068

Amount of Each Receipt this Period
115.38

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 R L Wheeler Rd
 City Macon State GA Zip Code 31211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548265
 Amount of Each Receipt this Period
 19.24

B. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 R L Wheeler Rd
 City Macon State GA Zip Code 31211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548069
 Amount of Each Receipt this Period
 19.24

C. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548266
 Amount of Each Receipt this Period
 115.39

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

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

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

FOR LINE NUMBER: PAGE 13 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548070
 Amount of Each Receipt this Period
 115.39

B. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548267
 Amount of Each Receipt this Period
 19.24

c. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548071
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 14 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Mark S Brodeur
 Full Name (Last, First, Middle Initial)
 Mailing Address 5324 Meadow Breeze Drive
 City State Zip Code
 Liberty Township OH 45011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548268
 Amount of Each Receipt this Period
 19.24

B. Mr. Mark S Brodeur
 Full Name (Last, First, Middle Initial)
 Mailing Address 5324 Meadow Breeze Drive
 City State Zip Code
 Liberty Township OH 45011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548072
 Amount of Each Receipt this Period
 19.24

C. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City State Zip Code
 Mechanicsburg PA 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Executive Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548269
 Amount of Each Receipt this Period
 115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mr. Thomas Buckingham		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1548073
Mailing Address 1 Chantilly Court		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Executive Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85	

Full Name (Last, First, Middle Initial) B. Mr. Raymond F Carnevale		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : A2014-1548270
Mailing Address 5801 Gemini Dr. Apt. 305		Amount of Each Receipt this Period 76.93
City Madison	State WI	Zip Code 53718
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.30	

Full Name (Last, First, Middle Initial) C. Mr. Raymond F Carnevale		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1548074
Mailing Address 5801 Gemini Dr. Apt. 305		Amount of Each Receipt this Period 76.93
City Madison	State WI	Zip Code 53718
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.23	

SUBTOTAL of Receipts This Page (optional).....▶	269.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Marinella Castroman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2971 Stanfield Avenue
 City Orlando State FL Zip Code 32814
 Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548271
 Amount of Each Receipt this Period 115.39
 FEC ID number of contributing federal political committee. C
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

B. Mrs. Marinella Castroman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2971 Stanfield Avenue
 City Orlando State FL Zip Code 32814
 Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548075
 Amount of Each Receipt this Period 115.39
 FEC ID number of contributing federal political committee. C
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

C. Mr. Kiley P Cedotal
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Casa Bella Court
 City Mandeville State LA Zip Code 70448
 Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548272
 Amount of Each Receipt this Period 19.24
 FEC ID number of contributing federal political committee. C
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Kiley P Cedotal
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Casa Bella Court
 City Mandeville State LA Zip Code 70448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548076
 Amount of Each Receipt this Period
 19.24

B. Mrs. Melinda D Comer
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Peach Spring
 City Houston State TX Zip Code 77037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548077
 Amount of Each Receipt this Period
 19.24

C. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548274
 Amount of Each Receipt this Period
 76.93

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

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

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

FOR LINE NUMBER: PAGE 18 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 11896 Lakeshore Drive

City State Zip Code
Grand Haven MI 49417

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548078

Amount of Each Receipt this Period
76.93

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

Mailing Address 564 Fawnhill Drive

City State Zip Code
Langhorne PA 19047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548275

Amount of Each Receipt this Period
115.39

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

Mailing Address 564 Fawnhill Drive

City State Zip Code
Langhorne PA 19047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548079

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.71

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548276
 Amount of Each Receipt this Period 19.24

B. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548080
 Amount of Each Receipt this Period 19.24

C. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 High Hollow
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548277
 Amount of Each Receipt this Period 115.39

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

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

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

FOR LINE NUMBER: PAGE 20 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Brian E Davis

Mailing Address 1211 High Hollow

City Mechanicsburg State PA Zip Code 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548081

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
B. Mrs. Lora A Davis

Mailing Address 3022 Eagle Point Way

City Tallahassee State FL Zip Code 32312

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548278

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mrs. Lora A Davis

Mailing Address 3022 Eagle Point Way

City Tallahassee State FL Zip Code 32312

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548082

Amount of Each Receipt this Period
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Teresa L Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Deerfield Road
 City Richmond State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548279
 Amount of Each Receipt this Period 115.39

B. Mrs. Teresa L Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Deerfield Road
 City Richmond State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548083
 Amount of Each Receipt this Period 115.39

C. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548280
 Amount of Each Receipt this Period 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548084
 Amount of Each Receipt this Period
 76.93

B. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City Grosse Pointe Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548281
 Amount of Each Receipt this Period
 19.24

C. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City Grosse Pointe Park State MI Zip Code 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548085
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City Elizabethtown State PA Zip Code 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548282
 Amount of Each Receipt this Period
 76.93

B. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City Elizabethtown State PA Zip Code 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548086
 Amount of Each Receipt this Period
 76.93

C. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548283
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional).....▶	269.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. David J DeGumbia			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014 Transaction ID : A2014-1548087
Mailing Address 383 Pattonwood Dr			Amount of Each Receipt this Period 115.39
City Southington	State CT	Zip Code 06489	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85		

Full Name (Last, First, Middle Initial) B. Ms. Julie A DeJean			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014 Transaction ID : A2014-1548088
Mailing Address 3126 E. Valley Water Mill Road Apt			Amount of Each Receipt this Period 19.24
City Springfield	State MO	Zip Code 65803	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64		

Full Name (Last, First, Middle Initial) C. Mr. Philip J Driscoll			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014 Transaction ID : A2014-1548285
Mailing Address 38 Van Doren Way			Amount of Each Receipt this Period 19.24
City Belle Mead	State NJ	Zip Code 08502	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.36		

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

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

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

FOR LINE NUMBER: PAGE 25 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Philip J Driscoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Van Doren Way
 City Belle Mead State NJ Zip Code 08502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548089
 Amount of Each Receipt this Period 19.24

B. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548286
 Amount of Each Receipt this Period 19.24

c. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548090
 Amount of Each Receipt this Period 19.24

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

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

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

FOR LINE NUMBER: PAGE 26 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548287
 Amount of Each Receipt this Period
 19.24

B. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548091
 Amount of Each Receipt this Period
 19.24

C. Ms. Patti Finnegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548289
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Ms. Patti Finnegan		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1548093
Mailing Address 939 Arlington Glen Drive		Amount of Each Receipt this Period 19.24
City Fenton	State MO	Zip Code 63026
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Chief Operating Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.60	

Full Name (Last, First, Middle Initial) B. Bruce Gans		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : A2014-1548290
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.46	

Full Name (Last, First, Middle Initial) C. Bruce Gans		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1548094
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee.	C	
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1441231
 Amount of Each Receipt this Period
 19.24

B. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548292
 Amount of Each Receipt this Period
 19.24

C. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548096
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 29 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548293
 Amount of Each Receipt this Period
 76.93

B. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548097
 Amount of Each Receipt this Period
 76.93

C. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548294
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.25
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1269.29**

Date of Receipt **07 / 18 / 2014**
Transaction ID : A2014-1548098
 Amount of Each Receipt this Period **115.39**

B. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1077.02**

Date of Receipt **07 / 03 / 2014**
Transaction ID : A2014-1548295
 Amount of Each Receipt this Period **76.93**

C. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1153.95**

Date of Receipt **07 / 18 / 2014**
Transaction ID : A2014-1548099
 Amount of Each Receipt this Period **76.93**

SUBTOTAL of Receipts This Page (optional)..... **269.25**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Robin Hedeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548100
 Amount of Each Receipt this Period
 19.24

B. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548102
 Amount of Each Receipt this Period
 19.24

C. Ms. Anne E Jurenc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548299
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Anne E Jurenec
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548103
 Amount of Each Receipt this Period
 19.24

B. Mr. David F Key
 Full Name (Last, First, Middle Initial)
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548300
 Amount of Each Receipt this Period
 76.93

C. Mr. David F Key
 Full Name (Last, First, Middle Initial)
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548104
 Amount of Each Receipt this Period
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Peggy L Kingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548301
 Amount of Each Receipt this Period 19.24

B. Mrs. Peggy L Kingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548105
 Amount of Each Receipt this Period 19.24

C. Mr. Kristofer C Kitzke
 Full Name (Last, First, Middle Initial)
 Mailing Address 873 Winterfields Drive
 City Cordova State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548302
 Amount of Each Receipt this Period 19.24

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

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

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

FOR LINE NUMBER: PAGE 34 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Kristofer C Kitzke
 Full Name (Last, First, Middle Initial)
 Mailing Address 873 Winterfields Drive
 City Cordova State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548106
 Amount of Each Receipt this Period
 19.24

B. Ms. Wilma D Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 5167 Carlson Dairy Road
 City Summerfield State NC Zip Code 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548303
 Amount of Each Receipt this Period
 19.24

C. Ms. Wilma D Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 5167 Carlson Dairy Road
 City Summerfield State NC Zip Code 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548107
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Laurie Kozorosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 North Marian Street
 City Ebensburg State PA Zip Code 15931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548304
 Amount of Each Receipt this Period
 19.24

B. Mrs. Laurie Kozorosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 North Marian Street
 City Ebensburg State PA Zip Code 15931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548108
 Amount of Each Receipt this Period
 19.24

C. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548305
 Amount of Each Receipt this Period
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548109
 Amount of Each Receipt this Period
 76.93

B. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548110
 Amount of Each Receipt this Period
 19.24

C. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1441232
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548307
 Amount of Each Receipt this Period
 76.93

B. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548111
 Amount of Each Receipt this Period
 76.93

C. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548308
 Amount of Each Receipt this Period
 115.38

SUBTOTAL of Receipts This Page (optional).....▶	269.24
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City State Zip Code
 Schwenksville PA 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548112
 Amount of Each Receipt this Period
 115.38

B. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City State Zip Code
 Coal Township PA 17866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548113
 Amount of Each Receipt this Period
 19.24

C. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City State Zip Code
 Export PA 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Officer (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548114
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.86
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mr. Anthony J Martino		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1548115
Mailing Address 2421 W Barbie Lane		Amount of Each Receipt this Period 19.24
City Phoenix	State AZ	Zip Code 85085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

Full Name (Last, First, Middle Initial) B. Mrs. Debora A Martoccio		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : A2014-1548116
Mailing Address 4511 Gulfwinds Drive		Amount of Each Receipt this Period 19.24
City Lutz	State FL	Zip Code 33558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

Full Name (Last, First, Middle Initial) C. Mr. Michael H McAlister		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : A2014-1548313
Mailing Address 5950 Fishing Creek Road		Amount of Each Receipt this Period 19.24
City Nolensville	State TN	Zip Code 37135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548117
 Amount of Each Receipt this Period 19.24

B. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548314
 Amount of Each Receipt this Period 115.39

C. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.85

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548118
 Amount of Each Receipt this Period 115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Barbara J Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5809 Copper Canyon
 City The Colony State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548315
 Amount of Each Receipt this Period
 19.24

B. Ms. Barbara J Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5809 Copper Canyon
 City The Colony State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548119
 Amount of Each Receipt this Period
 19.24

C. Mr. Thomas P Mullin
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548120
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1441233
 Amount of Each Receipt this Period
 19.24

B. Mrs. Sharon A Noro
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 3rd Street
 City Aspinwall State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548317
 Amount of Each Receipt this Period
 76.93

C. Mrs. Sharon A Noro
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 3rd Street
 City Aspinwall State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548121
 Amount of Each Receipt this Period
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John F O'Malley
Full Name (Last, First, Middle Initial)

Mailing Address 5614 Wembley Court

City Clarkston State MI Zip Code 48346

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : A2014-1548318

Amount of Each Receipt this Period
19.24

B. Mr. John F O'Malley
Full Name (Last, First, Middle Initial)

Mailing Address 5614 Wembley Court

City Clarkston State MI Zip Code 48346

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1548122

Amount of Each Receipt this Period
19.24

C. Mr. Matthew P Pearson
Full Name (Last, First, Middle Initial)

Mailing Address 4514 W 72nd Street

City Prairie Village State KS Zip Code 66208

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1615.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : A2014-1548319

Amount of Each Receipt this Period
115.39

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Matthew P Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 W 72nd Street
 City State Zip Code
 Prairie Village KS 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1730.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548123
 Amount of Each Receipt this Period
 115.39

B. Mrs. Genise Pedrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4771 Sweetshade Drive
 City State Zip Code
 Sarasota FL 34241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Regional Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548320
 Amount of Each Receipt this Period
 19.24

C. Mrs. Genise Pedrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4771 Sweetshade Drive
 City State Zip Code
 Sarasota FL 34241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Regional Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548124
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548321
 Amount of Each Receipt this Period 19.24

B. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548125
 Amount of Each Receipt this Period 19.24

C. Mr. William B Plasky
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Country Club Dr
 City Oak Island State NC Zip Code 28465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548126
 Amount of Each Receipt this Period 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548323
 Amount of Each Receipt this Period 19.24

B. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 18 / 2014
Transaction ID : A2014-1548127
 Amount of Each Receipt this Period 19.24

C. Mr. Fabian E Polo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4713 Parkhaven Dr.
 City Garland State TX Zip Code 75043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 03 / 2014
Transaction ID : A2014-1548324
 Amount of Each Receipt this Period 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Fabian E Polo
Full Name (Last, First, Middle Initial)
Mailing Address 4713 Parkhaven Dr.
City Garland State TX Zip Code 75043
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 18 / 2014**
Transaction ID : A2014-1548128
Amount of Each Receipt this Period **19.24**

B. Mr. John C Quinn
Full Name (Last, First, Middle Initial)
Mailing Address 381 Longwood Drive
City Meridian State MS Zip Code 39305
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1077.02**

Date of Receipt **07 / 03 / 2014**
Transaction ID : A2014-1548326
Amount of Each Receipt this Period **76.93**

C. Mr. John C Quinn
Full Name (Last, First, Middle Initial)
Mailing Address 381 Longwood Drive
City Meridian State MS Zip Code 39305
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1153.95**

Date of Receipt **07 / 18 / 2014**
Transaction ID : A2014-1548130
Amount of Each Receipt this Period **76.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548327
 Amount of Each Receipt this Period
 19.24

B. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548131
 Amount of Each Receipt this Period
 19.24

C. Mr. Curtis L Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Byrnes Road
 City North Augusta State SC Zip Code 29841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548328
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Curtis L Roberts

Mailing Address 1909 Byrnes Road

City North Augusta State SC Zip Code 29841

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1548132

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. James H Rogers

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1077.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : A2014-1548329

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
C. Mr. James H Rogers

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1548133

Amount of Each Receipt this Period
76.93

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

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

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

FOR LINE NUMBER: PAGE 50 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : A2014-1441234

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Brian R Rusignuolo

Mailing Address 1339 Sconsett Way

City State Zip Code
New Cumberland PA 17070

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1115.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548330

Amount of Each Receipt this Period
115.38

Full Name (Last, First, Middle Initial)
C. Mr. Brian R Rusignuolo

Mailing Address 1339 Sconsett Way

City State Zip Code
New Cumberland PA 17070

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1230.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548134

Amount of Each Receipt this Period
115.38

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

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

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

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

FOR LINE NUMBER: PAGE 51 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1077.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : A2014-1548331

Amount of Each Receipt this Period
76.93

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.95**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : A2014-1548135

Amount of Each Receipt this Period
76.93

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

Mailing Address 16 Lake Village Court

City Johnson City State TN Zip Code 37601

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : A2014-1548332

Amount of Each Receipt this Period
115.39

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

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

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

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

FOR LINE NUMBER: PAGE 52 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548136
 Amount of Each Receipt this Period
 115.39

B. Ms. Linda P Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 SE 45th Street
 City Topeka State KS Zip Code 66609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548333
 Amount of Each Receipt this Period
 19.24

C. Ms. Linda P Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 SE 45th Street
 City Topeka State KS Zip Code 66609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548137
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 53 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548139
 Amount of Each Receipt this Period
 19.24

B. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548334
 Amount of Each Receipt this Period
 76.93

C. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548138
 Amount of Each Receipt this Period
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mrs. Jeanne M Slane		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014 Transaction ID : A2014-1548140
Mailing Address 6537 Caldecott Drive		Amount of Each Receipt this Period 19.24
City Naples	State FL	Zip Code 34113
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

Full Name (Last, First, Middle Initial) B. Mr. Nigel D Smith		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2014 Transaction ID : A2014-1548337
Mailing Address 9815 Vistadale Dr		Amount of Each Receipt this Period 19.24
City Dallas	State TX	Zip Code 75238-1529
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.36	

Full Name (Last, First, Middle Initial) C. Mr. Nigel D Smith		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014 Transaction ID : A2014-1548141
Mailing Address 9815 Vistadale Dr		Amount of Each Receipt this Period 19.24
City Dallas	State TX	Zip Code 75238-1529
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.60	

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

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

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

FOR LINE NUMBER: PAGE 55 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Robin R Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Bonnywick Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548142
 Amount of Each Receipt this Period
 19.24

B. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548339
 Amount of Each Receipt this Period
 76.93

C. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548143
 Amount of Each Receipt this Period
 76.93

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

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

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

FOR LINE NUMBER: PAGE 56 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City State Zip Code
Bloomington IN 47401

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548340

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City State Zip Code
Bloomington IN 47401

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548144

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mr. Sean A Stricker

Mailing Address 2835 Elm Tree Park

City State Zip Code
San Antonio TX 78259

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548341

Amount of Each Receipt this Period
19.24

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Sean A Stricker		Date of Receipt
Mailing Address 2835 Elm Tree Park		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City State Zip Code San Antonio TX 78259		Transaction ID : A2014-1548145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="288.60"/>	

Full Name (Last, First, Middle Initial) B. Ms. Connie L Strickland		Date of Receipt
Mailing Address 1104 OakTree Drive		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code Edmond OK 73025		Transaction ID : A2014-1548342
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="269.36"/>	

Full Name (Last, First, Middle Initial) C. Ms. Connie L Strickland		Date of Receipt
Mailing Address 1104 OakTree Drive		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City State Zip Code Edmond OK 73025		Transaction ID : A2014-1548146
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="288.60"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **269.36**

Date of Receipt **07 / 03 / 2014**
Transaction ID : A2014-1548343
 Amount of Each Receipt this Period **19.24**

B. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.60**

Date of Receipt **07 / 18 / 2014**
Transaction ID : A2014-1548147
 Amount of Each Receipt this Period **19.24**

C. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1153.90**

Date of Receipt **07 / 03 / 2014**
Transaction ID : A2014-1548344
 Amount of Each Receipt this Period **115.39**

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

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

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

FOR LINE NUMBER: PAGE 59 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City State Zip Code
 Omaha NE 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548148
 Amount of Each Receipt this Period
 115.39

B. Mr. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City State Zip Code
 North Richland Hills TX 76182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548345
 Amount of Each Receipt this Period
 19.24

C. Mr. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City State Zip Code
 North Richland Hills TX 76182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548149
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Linda M Tiemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1558 South Fern Place
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548346
 Amount of Each Receipt this Period
 76.93

B. Ms. Linda M Tiemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1558 South Fern Place
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548150
 Amount of Each Receipt this Period
 76.93

C. Mr. Remko van der Voordt
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Lafayette St Unit A
 City Salem State MA Zip Code 01970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548151
 Amount of Each Receipt this Period
 19.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Doctor Loran Vocaturo		Date of Receipt
Mailing Address 18 Richard Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
East Brunswick	NJ	08816
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="211.64"/>	
		Transaction ID : A2014-1548152
		Amount of Each Receipt this Period
		<input type="text" value="19.24"/>

Full Name (Last, First, Middle Initial) B. Mr. Timothy C Wadman		Date of Receipt
Mailing Address 204 Babbling Brook Drive		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Saint Charles	MO	63303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1077.02"/>	
		Transaction ID : A2014-1548349
		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>

Full Name (Last, First, Middle Initial) C. Mr. Timothy C Wadman		Date of Receipt
Mailing Address 204 Babbling Brook Drive		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Saint Charles	MO	63303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Select Medical Corporation	Administrator (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1153.95"/>	
		Transaction ID : A2014-1548153
		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="173.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 62 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert S Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5707 TPC Parkway Apt 1626
 City San Antonio State TX Zip Code 78261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548350
 Amount of Each Receipt this Period
 19.24

B. Mr. Robert S Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5707 TPC Parkway Apt 1626
 City San Antonio State TX Zip Code 78261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548154
 Amount of Each Receipt this Period
 19.24

C. Mr. Randall K Watts
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Pleasant View Drive
 City Etters State PA Zip Code 17319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548351
 Amount of Each Receipt this Period
 19.24

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

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

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

FOR LINE NUMBER: PAGE 63 OF 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City State Zip Code
 Eters PA 17319

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548155

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
B. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City State Zip Code
 Milton WV 25541

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

Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : A2014-1548352

Amount of Each Receipt this Period
 76.93

Full Name (Last, First, Middle Initial)
C. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City State Zip Code
 Milton WV 25541

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

Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : A2014-1548156

Amount of Each Receipt this Period
 76.93

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Andrea F White
Full Name (Last, First, Middle Initial)
Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : A2014-1548353

Amount of Each Receipt this Period
19.24

B. Mrs. Andrea F White
Full Name (Last, First, Middle Initial)
Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : A2014-1548157

Amount of Each Receipt this Period
19.24

C. Mr. Brian J Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : A2014-1548354

Amount of Each Receipt this Period
115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Brian J Williams		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014 Transaction ID : A2014-1548158
Mailing Address 9670 Rod Road		Amount of Each Receipt this Period 115.39
City Alpharetta	State GA	Zip Code 30022
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Vice President (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85	

Full Name (Last, First, Middle Initial) B. Ms. Coleen Zimmerman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014 Transaction ID : A2014-1548356
Mailing Address 3804 Bohler Road		Amount of Each Receipt this Period 76.93
City Appling	State GA	Zip Code 30802
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.37	

Full Name (Last, First, Middle Initial) C. Ms. Coleen Zimmerman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014 Transaction ID : A2014-1548160
Mailing Address 3804 Bohler Road		Amount of Each Receipt this Period 76.93
City Appling	State GA	Zip Code 30802
FEC ID number of contributing federal political committee. C	Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.30	

SUBTOTAL of Receipts This Page (optional).....▶	269.25
TOTAL This Period (last page this line number only).....▶	8924.40

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 69												
	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 21b</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 22</td> <td style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> 23</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 24</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 25</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 26</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 27</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 28a</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 28b</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 28c</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 29</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 30b</td> </tr> </table>	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26									
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b									

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mark Pryor for Senate	Date of Disbursement <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014								
M M M	/	D D D	/	Y Y Y Y Y Y															
07		10		2014															
Mailing Address PO Box 2720	Transaction ID : B506166																		
<table style="width:100%; border:none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Little Rock</td> <td>AR</td> <td>72204</td> </tr> </table>	City	State	Zip Code	Little Rock	AR	72204	Amount of Each Disbursement this Period <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table> </td> <td style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</td> </tr> </table>	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	2000.00
City	State	Zip Code																	
Little Rock	AR	72204																	
<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	2000.00								
M M M	/	D D D	/	Y Y Y Y Y Y															
07		10		2014															
Purpose of Disbursement Contribution	Category/Type 011																		
Candidate Name Mark Pryor																			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State: AR District:																			

Full Name (Last, First, Middle Initial) B. Udall for Colorado	Date of Disbursement <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014								
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07		10		2014															
Mailing Address PO Box 40158	Transaction ID : B508229																		
<table style="width:100%; border:none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Denver</td> <td>CO</td> <td>80204</td> </tr> </table>	City	State	Zip Code	Denver	CO	80204	Amount of Each Disbursement this Period <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table> </td> <td style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</td> </tr> </table>	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	1000.00
City	State	Zip Code																	
Denver	CO	80204																	
<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	1000.00								
M M M	/	D D D	/	Y Y Y Y Y Y															
07		10		2014															
Purpose of Disbursement Contribution	Category/Type 011																		
Candidate Name Mark Udall																			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State: CO District:																			

Full Name (Last, First, Middle Initial) C. Friends of Mary Landrieu	Date of Disbursement <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014								
M M M	/	D D D	/	Y Y Y Y Y Y															
07		10		2014															
Mailing Address PO Box 50098	Transaction ID : B506170																		
<table style="width:100%; border:none;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>New Orleans</td> <td>LA</td> <td>70150</td> </tr> </table>	City	State	Zip Code	New Orleans	LA	70150	Amount of Each Disbursement this Period <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table> </td> <td style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</td> </tr> </table>	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	2000.00
City	State	Zip Code																	
New Orleans	LA	70150																	
<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	2000.00								
M M M	/	D D D	/	Y Y Y Y Y Y															
07		10		2014															
Purpose of Disbursement Contribution	Category/Type 011																		
Candidate Name Mary L Landrieu																			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State: LA District:																			

SUBTOTAL of Disbursements This Page (optional)..... ▶	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table> </td> <td style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</td> </tr> </table>	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	5000.00
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M M M	/	D D D	/	Y Y Y Y Y Y									
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TOTAL This Period (last page this line number only)..... ▶	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table> </td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>	<table style="width:100%; border:none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">10</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		10		2014	
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M M M	/	D D D	/	Y Y Y Y Y Y									
07		10		2014									

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Hagan for US Senate

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Contribution

011

Candidate Name

Kay R Hagan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : B506167

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 3612 Newark Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

011

Candidate Name

Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : B500341

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jeff Merkley for Oregon

Mailing Address PO Box 14172

City Portland State OR Zip Code 97293

Purpose of Disbursement
Contribution

011

Candidate Name

Jeff Merkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : B506171

Amount of Each Disbursement this Period

2000.00

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Mailing Address PO Box 3154

City State Zip Code
West Chester PA 19381

Purpose of Disbursement
Contribution

011

Candidate Name

Ryan Costello

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : B500278

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Prosperity Action PAC

Mailing Address 1006 Pendleton Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : B507095

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P.O. Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution

011

Candidate Name

Paul D Ryan

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : B507144

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Paul Ryan for Congress

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Paul D Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : B507094

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

5000.00

34000.00