FEC FORM 3X

07/26/2017 13 : 24

PAGE 1 / 350

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Use	e Only	
1. NAME OF TY COMMITTEE (in full)	YPE OR PRINT ▼	Example over the	: If typing, lines.	type	12FE4M	[5		
Select Medical Corporat								
ADDRESS (number and street)	4714 Gettysburg Road							
Check if different than previously reported. (ACC)	Mechanicsburg				PA	17055		
2. FEC IDENTIFICATION NUM	IBER V	CITY ▲		S	TATE 🔺	Z	ZIP CODE	
C C00546119	3	3. IS THIS REPORT	× (N)	[₩] OR	A)	MENDED)		
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	Мау	/ 20 (M5)	Aug	20 (M8)	(N	ov 20 (M11) Ion-Election ear Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun	20 (M6)	Sep	20 (M9)	D (N	ec 20 (M12) lon-Election ear Only)
April 15		Apr 20 (M4)	Jul	20 (M7)	Oct	20 (M10)	Ja	an 31 (YE)
Quarterly Report (Q1)	(C) 12-Day PRF-Election		ary (12P)		General	(12G)	R	unoff (12R)
Quarterly Report (Q2) October 15	Report for the		vention (120	C)	Special	(12S)		
Quarterly Report (Q3) January 31 Year-End Report (YE)		ection on	M / D	D /	Y I Y I Y I Y]	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio		eral (30G)		Runoff (30R)	S	pecial (30S)
Termination Report (TER)	Report for th		M / D	D /	Y Y Y Y]	in the State of	
5. Covering Period 01	/ D D / Y Y 01 20	17 th	nrough	M M 06	/ D D 30	¥ ¥ 201	Y Y 7	
I certify that I have examined this	Report and to the bes Walters, William, , ,	t of my knowled	ge and beli	ef it is true	e, correct an	d complete	Э.	
Type or Print Name of Treasurer								
Signature of Treasurer	, William, , ,	[Elec	etronically Fi	led] Da	ate 07	/ D 26		2017
NOTE: Submission of false, erroneo	us, or incomplete inform	nation may subject	the person	signing thi	s Report to t	he penaltie	s of 52 U.	S.C. § 30109
Office Use Only							FORM	

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
,	Write or Type Committee Name		
_	Select Medical Corporation PAC		
F	Report Covering the Period: From:	01 / 01 / Y Y Y Y 01 To:	M M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		122587.84
	(b) Cash on Hand at Beginning of Reporting Period	122587.84	
	(c) Total Receipts (from Line 19)	130867.98	130867.98
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	253455.82	253455.82
7.	Total Disbursements (from Line 31)	191220.00	191220.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62235.82	62235.82
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

eport Covering the Period: From:	7 01 2017 To	b: 06 / 06 / 2017
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	104314.20	104314.20
(ii) Unitemized (iii) TOTAL (add	26553.78	26553.78
Lines 11(a)(i) and (ii)	130867.98	130867.98
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	130867.98	130867.98
Transfers From Affiliated/Other Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	130867.98	130867.98

130867.98

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►

130867.98

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 20.00 Expenditures 20.00 (c) Total Operating Expenditures 20.00 (add 21(a)(i), (a)(ii), and (b)) 20.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 196200.00 and Other Political Committees... 196200.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... - 5000.00 - 5000.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) 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)).. 191220.00 191220.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 191220.00 191220.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

3	3.	Total Contributions (other than loans)
		(from Line 11(d), page 3)
3	84.	Total Contribution Refunds
		(from Line 28(d))
3	85.	Net Contributions (other than loans)
		(subtract Line 34 from Line 33)
3	6.	Total Federal Operating Expenditures
		(add Line 21(a)(i) and Line 21(b))
3	87.	Offsets to Operating Expenditures
		(from Line 15, page 3)
~	~	

						130867.98
		-7			- 7	
						0.00
	1	-	1	1	-	
						130867.98
	1	-	1	1	-	
						20.00
		7	1		-7	
						0.00
a series and s		7	1	1	-7	
						20.00
	1	-7-	1		-7-	

130867.98 0.00 130867.98 20.00 0.00 20.00

COLUMN B

Calendar Year-to-Date

Page 5

~				1
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 350 (check only one)
IT	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
Ar	v information copied from such Reports and St	atemente m	l av not be sold or used by any n	13 14 15 16 17 erson for the purpose of soliciting contributions
	for commercial purposes, other than using the			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
	Select Medical Corporation PAC	,		
<u>/</u>	Full Name of Individual (Last, First, Middle Init	al) or Full O	rganization Name	
Α.	Alexander, Jerry, W, Mr.,			Date of Receipt
	Mailing Address 36 Lambourn Drive			03 07 2017
	City	State	Zip Code	Transaction ID : A2017-306751
	Bella Vista	AR	72714	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	С		500.00
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
	Select Medical Corporation		ninistrator (Ex)	
	Receipt For:		. ,	
	Primary General	Ayyreyale	Year-to-Date ▼	
	Other (specify)	1	500.00	
			, ,	
Р	Full Name of Individual (Last, First, Middle Init	al) or Full O	rganization Name	Data of Dessist
в.	Alexander, Patricia, , ,			Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			02 10 2017
	City	State	Zip Code	Transaction ID : A2017-139415
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing	\mathbf{C}		400.04
	federal political committee.	C		192.31
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		cutive	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		004.00	1
	Other (specify) ▼		384.62	1
	Full Name of Individual (Last, First, Middle Init	al) or Full O	rganization Name	
C.	Alexander, Patricia, , ,			Date of Receipt
	Mailing Address 1667 K Street NW			02 24 2017
	Suite 1050 City	State	Zip Code	02 24 2017 Transaction ID : A2017-252890
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		192.31
	Name of Employer (for Individual)	000	unation (for Individual)	Memo Item
	Select Medical Corporation		upation (for Individual) cutive	
	Receipt For:		Year-to-Date ▼	
	Primary General	Ayyreyale		
	Other (specify)	L	576.93	
_			, ,	
		_		004.60
S	UBTOTAL of Receipts This Page (optional)			884.62

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

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

Form/Schedule: SA11AI Transaction ID :

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:

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 OF 350 (check only one) Image: state sta							
Δ.	y information copied from such Reports and St	atamanta m	Detailed Summary Page	13 14 15 16 17							
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initi Alexander, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1667 K Street NW Suite 1050			03 / D D / Y Y Y Y Y 2017							
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-317284							
			20000	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.31							
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item							
	Select Medical Corporation		ecutive	_							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify) ▼		769.24	1							
в.	Full Name of Individual (Last, First, Middle Initi Alexander, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1667 K Street NW Suite 1050			03 24 Y Y Y Y 03 217							
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-461650 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.31							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		961.55]							
с.	Full Name of Individual (Last, First, Middle Initi Alexander, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1667 K Street NW			04 07 2017							
	Suite 1050 City	State	Zip Code	Transaction ID : A2017-521393							
	Washington	DC	20006	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.31							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item							
	Receipt For:		e Year-to-Date ▼	—							
	Primary General Other (specify)		1153.86]							
s	UBTOTAL of Receipts This Page (optional)			576.93							

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 350 (check only one) Image: Check o							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC									
Full Name of Individual (Last, First, Middle A. Alexander, Patricia, , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1667 K Street NW Suite 1050			04 / D D / Y Y Y Y 21 2017							
City	State DC	Zip Code 20006	Transaction ID : A2017-682772							
Washington	DC	20008	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		192.31							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		1346.17								
Full Name of Individual (Last, First, Middle B. Alexander, Patricia, , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1667 K Street NW Suite 1050			05 05 2017							
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-737842 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.31							
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , 1538.48								
Full Name of Individual (Last, First, Middle C. Alexander, Patricia, , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1667 K Street NW Suite 1050			M M / D D / Y Y Y Y 05 19 2017							
City	State DC	Zip Code	Transaction ID : A2017-1074056							
Washington		20006	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		192.31							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General Other (specify)		1730.79								
SUBTOTAL of Receipts This Page (optional)		576.93							

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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		fc	lse separate schedule(s) or each category of the betailed Summary Page	FOR LINE NUMBER: PAGE 10 OF (check only one) 11a 11b 11c 12 13 14 15 16 16									
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	AME OF COMMITTEE (In Full) Select Medical Corporation PAC													
	Full Name of Individual (Last, First, Middle Initia Alexander, Patricia, , ,	al) or Full C	Organ	ization Name	Da	ate of Receipt								
_	Aailing Address 1667 K Street NW Suite 1050	Chata		Zin Oada	_ L	06 / D D / Y Y Y Y 02 2017								
	City Washington	State DC		Zip Code 20006		Transaction ID : A2017-1107955								
F	EC ID number of contributing ederal political committee.	С				nount of Each Receipt this Period 192.31								
5	Name of Employer (for Individual) Select Medical Corporation		cupati ecutiv	on (for Individual) e		Memo Item								
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year	r-to-Date ▼ 1923.10	1									
	Full Name of Individual (Last, First, Middle Initia Alexander, Patricia, , ,	al) or Full C	Organ	ization Name	Da	ate of Receipt								
_	Aailing Address 1667 K Street NW Suite 1050				IV	06 / D D / Y Y Y Y 2017								
	City Washington	State DC		Zip Code 20006		ransaction ID : A2017-1212047 nount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С				192.31								
	Name of Employer (for Individual) Select Medical Corporation		cupati ecutiv	ion (for Individual) re		Memo Item								
Ē	Receipt For: Primary General Other (specify) ▼	e Year	r-to-Date ▼ 2115.41]										
	Full Name of Individual (Last, First, Middle Initia Alexander, Patricia, , ,	al) or Full C	Organ	ization Name	Da	ate of Receipt								
_	Mailing Address 1667 K Street NW Suite 1050	State		Zin Code		06 / D D / Y Y Y Y 2017								
	City Washington	DC		Zip Code 20006		Transaction ID : A2017-1328672								
F	EC ID number of contributing ederal political committee.	С				192.31								
	Name of Employer (for Individual) Select Medical Corporation		cupati ecutive	on (for Individual) e	10	Memo Item								
F	Receipt For: Primary General Other (specify)	Aggregate	r-to-Date ▼ 2307.72]										
su	BTOTAL of Receipts This Page (optional)			·····		576.93								

TOTAL This Period (last page this line number only)					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 350 (check only one) Image: state stat
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)		
Α.	Full Name of Individual (Last, First, Middle Init Alverzo, Joan, , Ms.,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 152 Old Landing Road			M M / D D / Y Y Y Y 01 27 2017
	City	State	Zip Code	Transaction ID : A2017-56488
	Ocean City	MD	21842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		e President (Ex)	
	Receipt For:		· · · ·	—
	Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)		230.78	
В.	Full Name of Individual (Last, First, Middle Init Alverzo, Joan, , Ms.,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 152 Old Landing Road	02 10 2017		
	City	State	Zip Code	Transaction ID : A2017-139434
	Ocean City	MD	21842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	1
<u></u> с.	Full Name of Individual (Last, First, Middle Init Alverzo, Joan, , Ms.,	Date of Receipt		
	Mailing Address 152 Old Landing Road			02 24 2017
5		State MD	Zip Code 21842	Transaction ID : A2017-252910 Amount of Each Receipt this Period
				115.39
			upation (for Individual) President (Ex)	Memo Item
	Receipt For:	1		
	Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)	L	461.56	1
s	UBTOTAL of Receipts This Page (optional)			346.17

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 350 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 152 Old Landing Road			M M / D D / Y Y Y Y 03 10 2017
	City Ocean City	State MD	Zip Code 21842	Transaction ID : A2017-317304 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]
–	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	l) or Full C	Organization Name	Date of Receipt
υ.	Mailing Address 152 Old Landing Road	03 24 2017		
	City Ocean City	State MD	Zip Code 21842	Transaction ID : A2017-461698 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	115.39		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692,34]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 152 Old Landing Road	04 / D D / Y Y Y Y 2017		
	City Ocean City	State MD	Zip Code 21842	Transaction ID : A2017-521413 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73	1
s	UBTOTAL of Receipts This Page (optional)		······	346.17

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

S	CHEDULE A (FEC Form 3X)			lse separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 350
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		(check only one) ▼ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	al) or Full C	Organ	ization Name	Date of Receipt
	Mailing Address 152 Old Landing Road				04 / D D / Y Y Y Y 2017
	City Ocean City	State MD		Zip Code 21842	Transaction ID : A2017-682794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	-to-Date ▼ 923.12	
В.	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	al) or Full C	Organ	ization Name	Date of Receipt
υ.	Mailing Address 152 Old Landing Road	05 05 2017			
	City Ocean City	State MD		Zip Code 21842	Transaction ID : A2017-737864 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) esident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1038.51	
с.	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	al) or Full C	Organ	ization Name	Date of Receipt
	Mailing Address 152 Old Landing Road				05 / D D / Y Y Y Y 2017
	City Ocean City	State MD		Zip Code 21842	Transaction ID : A2017-1074078 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year	r-to-Date ▼ 1153.90	
s	UBTOTAL of Receipts This Page (optional)				346.17

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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 350 (check only one) Image: Check
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms., Mailing Address 152 Old Landing Road	ll) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	06 02 2017 Transaction ID : A2017-1107977
	Ocean City	MD	21842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29]
	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 152 Old Landing Road	06 16 2017		
	City Ocean City	State MD	Zip Code 21842	Transaction ID : A2017-1211971 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.68]
	Full Name of Individual (Last, First, Middle Initia Alverzo, Joan, , Ms.,	ll) or Full O	rganization Name	Date of Receipt
	Mailing Address 152 Old Landing Road			06 / D D / Y Y Y Y 06 2017
	City Ocean City	State MD	Zip Code 21842	Transaction ID : A2017-1328694 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.07]
s	JBTOTAL of Receipts This Page (optional)			346.17

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF (check only one) Image: Check only one in the image: Check only one in the image: Check on in the
Any information copied from such Reports and a or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Ir Anderson, Monica, , , Mailing Address 1667 K Street NW Suite 1050 City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State DC C Occu Exec	rganization Name Zip Code 20006 upation (for Individual) cutive Year-to-Date ▼ 230.82	Date of Receipt
Full Name of Individual (Last, First, Middle Ir 3. Anderson, Monica, , , Mailing Address 1667 K Street NW Suite 1050 City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State DC C Occu Exe	rganization Name Zip Code 20006 upation (for Individual) cutive Year-to-Date ▼ 269.29	Date of Receipt
Full Name of Individual (Last, First, Middle Ir Anderson, Monica, , , Mailing Address 1667 K Street NW Suite 1050	hitial) or Full O	rganization Name	Date of Receipt

State

City

Washington	DC	20006	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		38.47			
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupa Executiv Aggregate Yea	-	Memo Item			
SUBTOTAL of Receipts This Page (optional)	115.41					
OTAL This Period (last page this line number only)						

Zip Code

Transaction ID : A2017-1108002

350

17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 350 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initi Anderson, Monica, , ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			06 / Y Y Y Y 06 16 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1211995
	Washington		20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Exe	cutive	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		346.23	1
			7 1 7 1 1 1 1	
-	Full Name of Individual (Last, First, Middle Initi	al) or Full C	organization Name	
в.	Anderson, Monica, , ,			Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050	06 30 2017		
	City	State	Zip Code	Transaction ID : A2017-1328718
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		384.70]
с.	Full Name of Individual (Last, First, Middle Initi Bahl, Derek, D, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 24 Tavern House Hill			02 10 Y Y Y Y Y 02 10 2017
	City	State	Zip Code	Transaction ID : A2017-139476
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		230.79]
S	UBTOTAL of Receipts This Page (optional)			153.87

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 OF 350
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Tavern House Hill			02 24 Y Y Y Y 02 21 2017
	City	State PA	Zip Code	Transaction ID : A2017-252927
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		307.72]
В.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Tavern House Hill	03 10 2017		
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-317321 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	76.93		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify) V	L	384.65	
с.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Tavern House Hill			03 / D D / Y Y Y Y 03 24 2017
	City	State PA	Zip Code 17050	Transaction ID : A2017-461577
	Mechanicsburg		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:		Year-to-Date V	—
	Primary General Other (specify)		461.58]
s	UBTOTAL of Receipts This Page (optional)			230.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 350 (check only one) Image: Check
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, , Mailing Address 24 Tavern House Hill	l) or Full C	organization Name	Date of Receipt
		State	Zin Code	04 07 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-521430 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.93
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) e President	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.51	1
В.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	l) or Full C	organization Name	Date of Receipt
υ.	Mailing Address 24 Tavern House Hill	04 21 2017		
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-682813 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 615.44]
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Prganization Name	
C.	Bahl, Derek, D, , Mailing Address 24 Tavern House Hill			Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-737883
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.37]
s	UBTOTAL of Receipts This Page (optional)			230.79

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 OF 350
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Tavern House Hill			M M / D D / Y Y Y Y 05 19 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1074097 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.30]
В.	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 24 Tavern House Hill	06 02 2017		
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1107996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.23]
	Full Name of Individual (Last, First, Middle Initia Bahl, Derek, D, ,	al) or Full C	Organization Name	Date of Receipt
0.	Mailing Address 24 Tavern House Hill	1		
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1211990 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.16	1
s	UBTOTAL of Receipts This Page (optional)			230.79

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 350 (check only one) I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA(C		
Full Name of Individual (Last, First, Middle Ini A. Bahl, Derek, D, , Mailing Address 24 Tavern House Hill City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C	Drganization Name Zip Code 17050 upation (for Individual) e President Year-to-Date ▼ 1000.09	Date of Receipt
Full Name of Individual (Last, First, Middle Ini B. Barker, Mary Ann, , , Mailing Address 107 Burnam Wood Court City Mount Laurel FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State NJ	Zip Code 08054 upation (for Individual)	Date of Receipt 01 27 2017 Transaction ID : A2017-56474 Amount of Each Receipt this Period 115.39 Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify)		e President Year-to-Date ▼ 230.78]
Full Name of Individual (Last, First, Middle Ini C. Barker, Mary Ann, , , Mailing Address 107 Burnam Wood Court	tial) or Full C	organization Name	Date of Receipt
City Mount Laurel FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	Zip Code 08054	Image: Display state of the
SUBTOTAL of Receipts This Page (optional)			307.71

L

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 350 (check only one) Image: Check
	y information copied from such Reports and Stal for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Barker, Mary Ann, , ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 107 Burnam Wood Court	0.1		02 / D D / Y Y Y Y Y 02 24 2017
	City Mount Laurel	State NJ	Zip Code 08054	Transaction ID : A2017-252885 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56]
	Full Name of Individual (Last, First, Middle Initia Barker, Mary Ann, , ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 107 Burnam Wood Court			03 10 2017
	City Mount Laurel	State NJ	Zip Code 08054	Transaction ID : A2017-317342 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 576.95	1
<u> </u>	Full Name of Individual (Last, First, Middle Initia Barker, Mary Ann, , ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 107 Burnam Wood Court	State	Zip Code	03 / D D / Y Y Y Y 24 / 2017
	City Mount Laurel	NJ	08054	Transaction ID : A2017-461645 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)		692.34	1
s	JBTOTAL of Receipts This Page (optional)			346.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 350 (check only one) I1a 11b 11c 12 I13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2		
Full Name of Individual (Last, First, Middle Init A. Barker, Mary Ann, , , Mailing Address 107 Burnam Wood Court City Mount Laurel FEC ID number of contributing	State NJ	Organization Name Zip Code 08054	Date of Receipt 04 07 2017 Transaction ID : A2017-521388 Amount of Each Receipt this Period
receipt For:	Vice	upation (for Individual) e President Year-to-Date ▼ 807.73	
Full Name of Individual (Last, First, Middle Init B. Barker, Mary Ann, , , Mailing Address 107 Burnam Wood Court City Mount Laurel FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State NJ C	Zip Code 08054 Universident Year-to-Date 923,12	Date of Receipt 04 21 2017 Transaction ID : A2017-682767 Amount of Each Receipt this Period 115.39 Memo Item
Full Name of Individual (Last, First, Middle Init C. Barker, Mary Ann, , , Mailing Address 107 Burnam Wood Court City Mount Laurel FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State NJ C	Zip Code 08054 upation (for Individual) e President Year-to-Date ▼ 1038.51	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			346.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 350 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 I3 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements mane and a	ay r addr	not be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initial) or Ful Barker, Mary Ann, , , Mailing Address 107 Burnam Wood Court			nization Name	Date of Receipt 05 19 2017
	City	State		Zip Code	Transaction ID : A2017-1074051
	Mount Laurel	NJ		08054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1153.90]
В.	Full Name of Individual (Last, First, Middle Initi Barker, Mary Ann, , ,	al) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 107 Burnam Wood Court	M M / D D / Y Y Y Y 06 02 2017			
	City Mount Laurel	State NJ		Zip Code 08054	Transaction ID : A2017-1107950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) resident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1269.29]
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Barker, Mary Ann, , ,	al) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 107 Burnam Wood Court		_	06 / Y Y Y Y 06 16 2017	
	City Mount Laurel	State NJ		Zip Code 08054	Transaction ID : A2017-1212042 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident	Memo Item
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	
	Primary General Other (specify)		- -	1384.68]
s	UBTOTAL of Receipts This Page (optional)			••••••	346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 350 (check only one) ************************************
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Barker, Mary Ann, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 107 Burnam Wood Court			06 / Y Y Y Y 06 30 2017
	City Mount Laurel	State NJ	Zip Code 08054	Transaction ID : A2017-1328667 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07]
— B.	Full Name of Individual (Last, First, Middle Initia Bechtel, Melinda, , ,	al) or Full C	Drganization Name	Date of Receipt
υ.	Mailing Address 1667 K Street NW Suite 1050			
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-139385 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.79]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Bechtel, Melinda, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050	01-1-	7.0.4	02 / D D / Y Y Y Y 24 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-252961 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.72]
s	UBTOTAL of Receipts This Page (optional)			269.25

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 350 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
Full Name of Individual (Last, First, Middle I A. Bechtel, Melinda, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			03 / D D / Y Y Y Y 2017
City	State DC	Zip Code	Transaction ID : A2017-317243
Washington	DC	20006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		384.65]
Full Name of Individual (Last, First, Middle I B. Bechtel, Melinda, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			03 24 / Y Y Y Y 03 24 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-461617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.58	
Full Name of Individual (Last, First, Middle I C. Bechtel, Melinda, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			M M / D D / Y Y Y Y 04 07 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-521470
FEC ID number of contributing federal political committee.	C	20000	Amount of Each Receipt this Period 76.93
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Select Medical Corporation Receipt For:	1		—
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.51	
SUBTOTAL of Receipts This Page (optional)			230.79

6/			Г	
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 OF 350 (check only one)
IT	EMIZED RECEIPTS		for each category of the	× 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions te to solicit contributions from such committee.
$\left[\right]$	NAME OF COMMITTEE (In Full)			
$ \rangle$	Select Medical Corporation PAC			
/	Full Name of Individual (Last, First, Middle Initia	al) or Full C	organization Name	
Α.	Bechtel, Melinda, , ,		- <u>J</u>	Date of Receipt
	Mailing Address 1667 K Street NW			M = M / D = D / Y = Y = Y
	Suite 1050	State	Zip Code	
	Washington	DC	20006	Transaction ID : A2017-682853 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		76.93
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Exe	cutive	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		615.44	
			<u> 45 - 1 - 45 - 1 - 46 - 1 - 46 - 1 - </u>	-
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name	
В.	Bechtel, Melinda, , ,	Date of Receipt		
	Mailing Address 1667 K Street NW Suite 1050	1-		05 / D / Y Y Y Y Y 05 05 2017
	City Weakingston	State DC	Zip Code	Transaction ID : A2017-737922
	Washington		20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General	.99.094.0		1
	Other (specify)		, 692.37	
с.	Full Name of Individual (Last, First, Middle Initia Bechtel, Melinda, , ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 1667 K Street NW			
	Suite 1050	01-1-	7	05 19 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1073997
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
	Select Medical Corporation		cutive	
	Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify)		769.30	1
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s	UBTOTAL of Receipts This Page (optional)			230.79

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	for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	Select Medical Corporation PAC	;											
	Full Name of Individual (Last, First, Middle Init	ial) or Full (Organization Name										
Α.	Bechtel, Melinda, , , Mailing Address 1667 K Street NW				-	Date o	_	eceipt				_	
	Suite 1050					06	1 ′	02) / Y	201	Υ 7	Y	
	City	State	Zip Code	-	Trans	sact	a second s	A2017-1	1.00				
	Washington	DC	20006		_	Amoun	t of	Each F	Receipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	С						-			76.9	3	
	Name of Employer (for Individual)	Occ	upation (for Individual)			М	emo	ltem					
	Select Medical Corporation	Exe	ecutive										
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	Primary General		846.23	3									
	Other (specify) V		040.2										
	Full Name of Individual (Last, First, Middle Init	ial) or Full (Drganization Name										
В.	Bechtel, Melinda, , ,	,	5			Date of	f Re	eceipt					
	Mailing Address 1667 K Street NW					M M	/	D) / Ү	Y		Y	
	Suite 1050 City State Zip Code							06 16 2017					
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	federal political committee.	C		<u> </u>	-	-			76.9	3			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)			М	emo	tem					
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
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с.	Full Name of Individual (Last, First, Middle Init Bechtel, Melinda, , ,	ial) or Full (Organization Name			Date o	f Re	eceipt					
	Mailing Address 1667 K Street NW					M M	_	D) / Y	Y	Y	Y	
	Suite 1050					06		30		201			
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ocutive										
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 350 (check only one) I1a 11b 11c 12 I1a 14 15 16 17			
	y information copied from such Reports and Star for commercial purposes, other than using the n			person for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Beckett, Kathy, , Ms.,	l) or Full C	Drganization Name	Date of Receipt			
	Mailing Address 8444 Tibet Butler Dr			05 26 2017			
	City Windermere	State FL	Zip Code 34786	Transaction ID : A2017-1128609 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		19.24			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Clinical Services	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]			
В.	Full Name of Individual (Last, First, Middle Initia Beckett, Kathy, , Ms.,	l) or Full C	Drganization Name	Date of Receipt			
	Mailing Address 8444 Tibet Butler Dr	06 09 2017					
	City Windermere	State FL	Zip Code 34786	Transaction ID : A2017-1146333 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	19.24					
	Name of Employer (for Individual) Select Medical Corporation	of Employer (for Individual)Occupation (for Individual)Medical CorporationVice President of Clinical Services					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]			
— C.	Full Name of Individual (Last, First, Middle Initia Beckett, Kathy, , Ms.,	l) or Full C	Drganization Name	Date of Receipt			
•.	Mailing Address 8444 Tibet Butler Dr			06 23 2017			
	City Windermere	State FL	Zip Code 34786	Transaction ID : A2017-1321465 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		19.24			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Clinical Services	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12]			
s	UBTOTAL of Receipts This Page (optional)			57.72			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 350 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 735 Meadow Drive			04 / D D / Y Y Y Y Y 21 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-682780 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 230.82	Memo Item
в.	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 735 Meadow Drive City	State	Zip Code	05 05 2017 Transaction ID : A2017-737850
	Camp Hill FEC ID number of contributing federal political committee.	С	17011	Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29]
— c.	Full Name of Individual (Last, First, Middle Initia Beers, Melissa, M, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 735 Meadow Drive			05 19 / Y Y Y Y 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-1074064 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.76]
s	UBTOTAL of Receipts This Page (optional)			115.41

SCHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 350 (check only one) I1a 11b 11c 12 I 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
Full Name of Individual (Last, First, Middle A. Beers, Melissa, M, Ms.,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 735 Meadow Drive	State	Zip Code	06 / 02 / 2017
Camp Hill	PA	17011	Transaction ID : A2017-1107963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 346.23	Memo Item
B. Full Name of Individual (Last, First, Middle Beers, Melissa, M, Ms., Mailing Address 735 Meadow Drive	Initial) or Full C	Organization Name	Date of Receipt
City Camp Hill FEC ID number of contributing	State PA	Zip Code 17011	06 16 2017 Transaction ID : A2017-1211912 Amount of Each Receipt this Period 38.47
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occ	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 384.70	Memo Item
Full Name of Individual (Last, First, Middle C. Beers, Melissa, M, Ms.,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 735 Meadow Drive			06 30 2017
City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-1328680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 423.17	Memo Item
SUBTOTAL of Receipts This Page (optional).			▶ 115.41

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	y information copied from such Reports and Sta for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Bein, Robert, J, Mr.,	zation Name	Date o	of Receipt									
	Mailing Address 545 Mud College Road				02 10 / Y Y Y Y 2017								
	City State Littlestown PA			Zip Code 17340		saction ID : A							
	FEC ID number of contributing federal political committee.	C			Amour	nt of Each Re	ceipt this Pe	riod 76.93					
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ident (Ex)	N	lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 230.79									
В.	Full Name of Individual (Last, First, Middle Initia Bein, Robert, J, Mr.,	l) or Full C	Organiz	zation Name	Date o	of Receipt							
	Mailing Address 545 Mud College Road	_			02 24 2017								
	City Littlestown	State PA	Z	Zip Code 17340		saction ID : A							
	FEC ID number of contributing federal political committee.	С						76.93					
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ident (Ex)		lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ , 307.72									
— C.	Full Name of Individual (Last, First, Middle Initia Bein, Robert, J, Mr.,	l) or Full C	Organiz	zation Name	Date o	of Receipt							
	Mailing Address 545 Mud College Road				03 10 2017								
	City Littlestown	State PA		Zip Code 17340		saction ID : A			_				
FEC ID number of contributing federal political committee.					Amount of Each Receipt this Period								
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) dent (Ex)		lemo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 384.65									
s	UBTOTAL of Receipts This Page (optional)			••••••			, 2	30.79					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17						
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 545 Mud College Road	State	Zip Code	03 / D D / Y Y Y Y 24 2017						
	Littlestown	PA	17340	Transaction ID : A2017-461579 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.58							
в.	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 545 Mud College Road			04 / D D / Y Y Y Y Y 2017						
	City Littlestown	State PA	Zip Code 17340	Transaction ID : A2017-521432 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538,51							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 545 Mud College Road			04 / D D / Y Y Y Y 2017						
	City Littlestown	State PA	Zip Code 17340	Transaction ID : A2017-682815 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.44							
s	UBTOTAL of Receipts This Page (optional)			230.79						

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 OF 350							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;									
Α.	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 545 Mud College Road			M M / D D / Y Y Y Y 05 05 2017							
	City	State	Zip Code	Transaction ID : A2017-737884							
	Littlestown	PA	17340	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		692.37]							
В.	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 545 Mud College Road			05 19 2017							
	City	State	Zip Code	Transaction ID : A2017-1074098							
	Littlestown	PA	17340	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 769.30								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 545 Mud College Road			06 02 2017							
	City Littlestown	State PA	Zip Code 17340	Transaction ID : A2017-1107997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
Name of Employer (for Individual) Select Medical Corporation			cupation (for Individual) e President (Ex)	Memo Item							
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify)		846.23]							
s	UBTOTAL of Receipts This Page (optional)			230.79							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 OF 350 (check only one) Image: Check only one in the image: Check on iteration is a state of the image: Check on iter						
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;								
Α.	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr., Mailing Address 545 Mud College Road	al) or Full C	Organization Name	Date of Receipt						
	City Littlestown	State PA	Zip Code 17340	06 16 2017 Transaction ID : A2017-1211991 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e President (Ex) Year-to-Date ▼ 923.16	Memo Item						
В.	Full Name of Individual (Last, First, Middle Initi Bein, Robert, J, Mr., Mailing Address 545 Mud College Road	al) or Full C	Organization Name	Date of Receipt						
	City Littlestown	State PA	Zip Code 17340	06 30 2017 Transaction ID : A2017-1328714 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.09	1						
с.	Full Name of Individual (Last, First, Middle Initi Bencomo, Dionisio, , Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 2851 SW 137 Court			06 / D D / Y Y Y Y 06 02 2017						
	City Miami	State FL	Zip Code 33175	Transaction ID : A2017-1107968 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		19.24						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 211.64]						
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	y information copied from such Reports and Sta for commercial purposes, other than using the r												
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Α.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C)rganiza	tion Name	Date of Receipt								
	Mailing Address 2851 SW 137 Court	-			06 / D D / Y Y Y Y Y 2017								
	City State Miami FL			0 Code 33175	Transaction ID : A2017-1211962								
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual) Select Medical Corporation		upation ninistrat	(for Individual) or (Ex)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 230.88]								
R R	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	al) or Full C	rganiza	tion Name	Date of Receipt								
Ъ.	Mailing Address 2851 SW 137 Court				06 30 2017								
	City Miami	State FL	·) Code 3175	Transaction ID : A2017-1328685 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			19.24								
	Name of Employer (for Individual) Select Medical Corporation		upation ninistra	(for Individual) or (Ex)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 250.12									
с.	, ,	al) or Full C	rganiza	tion Name	Date of Receipt								
	Mailing Address 4714 Gettysburg Road				02 / D D / Y Y Y Y 10 2017								
	City Mechanicsburg	State PA		0 Code 7055	Transaction ID : A2017-139396 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.					76.93								
			•	(for Individual) ent Information Systems	Memo Item								
	Receipt For:	Aggregate											
	Other (specify)		230.79]									
s	UBTOTAL of Receipts This Page (optional)				115.41								

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 OF 350 (check only one)							
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4714 Gettysburg Road			02 24 Y Y Y Y Y 2017							
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-252972 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Information Systems	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.72]							
В.	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4714 Gettysburg Road			03 10 / Y Y Y Y 2017							
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-317257 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Information Systems	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.65	1							
C.	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	ai) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4714 Gettysburg Road	State	Zip Code	03 / 24 / 2017 Transaction ID : A2017-461631							
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Information Systems	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.58]							
s	UBTOTAL of Receipts This Page (optional)			230.79							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	l) or Full (Orgar	nization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road				04 07 Y Y Y Y Y 04 07 2017
	City Mechanicsburg	State PA		Zip Code 17055	Transaction ID : A2017-521484 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident Information Systems	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 538.51	
B	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	l) or Full (Orgar	ization Name	Date of Receipt
υ.	Mailing Address 4714 Gettysburg Road				04 21 2017
	City Mechanicsburg	State PA		Zip Code 17055	Transaction ID : A2017-682867 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident Information Systems	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 615.44	
с.	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	l) or Full (Orgar	nization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road	State		Zip Code	05 / 05 / 2017
	Mechanicsburg	PA		17055	Transaction ID : A2017-737936 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) sident Information Systems	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	r-to-Date ▼ 692.37	
s	UBTOTAL of Receipts This Page (optional)			••••••	230.79

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 350 (check only one) 11a 11a 11b 12 14
	y information copied from such Reports and Stal for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u>د</u>	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road	1		M M / D D / Y
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1074011 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President Information Systems	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.30	
В.	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road			06 02 / Y Y Y Y 2017
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1108048 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President Information Systems	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.23	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Berkstresser, Joedy, L, Mr.,	l) or Full C	Drganization Name	Date of Receipt
0.	Mailing Address 4714 Gettysburg Road			06 16 / Y Y Y Y 2017
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1211943 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President Information Systems	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.16]
s	UBTOTAL of Receipts This Page (optional)			230.79

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF 350 (check only one)
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	OF COMMITTEE (In Full) ct Medical Corporation PAC			
A. Berks	me of Individual (Last, First, Middle Initia tresser, Joedy, L, Mr., Address 4714 Gettysburg Road	al) or Full O	rganization Name	Date of Receipt
City	nicsburg	State	Zip Code 17055	06 30 2017 Transaction ID : A2017-1328621
FEC ID	number of contributing political committee.	C		Amount of Each Receipt this Period
Select M Receipt	of Employer (for Individual) Medical Corporation : For: rimary General other (specify) ▼	Vice	upation (for Individual) President Information Systems Year-to-Date ▼ 1000.09	Memo Item
B. Blake	me of Individual (Last, First, Middle Initia e, Kelly, L, Ms., Address 3269 Blue Goose Road	al) or Full O	rganization Name	Date of Receipt
City Nicktov	vn	State PA	Zip Code 15762	06 02 2017 Transaction ID : A2017-1108007 Amount of Each Receipt this Period
	number of contributing political committee.	С		19.24
Name of Select M	of Employer (for Individual) Medical Corporation	Adr	upation (for Individual) ninistrator (Ex)	Memo Item
P	rimary General hther (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
	me of Individual (Last, First, Middle Initia e, Kelly, L, Ms.,	al) or Full O	rganization Name	Date of Receipt
Mailing	Address 3269 Blue Goose Road			06 / Y Y Y Y 06 16 2017
City Nicktov	wn	State PA	Zip Code 15762	Transaction ID : A2017-1212000 Amount of Each Receipt this Period
	number of contributing political committee.	С		19.24
	of Employer (for Individual) Medical Corporation	Adm	upation (for Individual) ninistrator (Ex)	Memo Item
P	rimary General ther (specify)	Aggregate	Year-to-Date ▼ 230.88]
SUBTOT	AL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 35 (check only one) Image: Check only one in the image: Check only one in the image: Check on the	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contributions	7
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
<u>к</u>	Full Name of Individual (Last, First, Middle Initia Blake, Kelly, L, Ms.,	al) or Full C	Drganiz	ation Name	Date of Receipt	
	Mailing Address 3269 Blue Goose Road				06 / D D / Y Y Y Y 2017	
	City Nicktown	State PA	Z	lip Code 15762	Transaction ID : A2017-1328723 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			19.24]
	Name of Employer (for Individual) Select Medical Corporation		·	n (for Individual) ator (Ex)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 250.12		
— B	Full Name of Individual (Last, First, Middle Initia Boland, Torianne, L, ,	al) or Full C	Drganiz	ration Name	Date of Receipt	
υ.	Mailing Address 10 Hunters Chase				06 02 2017	
	City Etters	State PA	Z	lip Code 17319	Transaction ID : A2017-1107984 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			19.24]
	Name of Employer (for Individual) Select Medical Corporation		cupatio e Pres	n (for Individual) ident	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 211.64		
с.	Full Name of Individual (Last, First, Middle Initia Boland, Torianne, L, ,	al) or Full C	Drganiz	ation Name	Date of Receipt	
	Mailing Address 10 Hunters Chase	-			06 / D D / Y Y Y Y 06 / 16 / 2017	
	City Etters	State PA		Zip Code 17319	Transaction ID : A2017-1211978 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			19.24]
	Name of Employer (for Individual) Select Medical Corporation		upatio e Presi	n (for Individual) dent	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 230.88		
s	UBTOTAL of Receipts This Page (optional)			••••••	. 57.72	1

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 350 (check only one) Image: state st					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C							
Α.	Full Name of Individual (Last, First, Middle Ini Boland, Torianne, L, ,	tial) or Full C	rganization Name	Date of Receipt					
	Mailing Address 10 Hunters Chase			06 / D D / Y Y Y Y 06 30 2017					
	City Etters	State PA	Zip Code 17319	Transaction ID : A2017-1328701 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]					
В.	Full Name of Individual (Last, First, Middle Ini Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive	tial) or Full C	rganization Name	Date of Receipt					
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-139453 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.93					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.79]					
C.	Full Name of Individual (Last, First, Middle Ini Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive	tial) or Full C	rganization Name	Date of Receipt					
	City Mechanicsburg	State PA	Zip Code 17050	02 24 2017 Transaction ID : A2017-252868					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.93					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.72]					
				173.10					

SUBTOTAL of Receipts This Page (optional)	J.		_			y	_	0.10
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Use separate schedule(s) for each category of the Detailed Summary Page	(cł	ieck onl			R:	PAGE 11c 15		12	F :
	for each category of the Detailed Summary Page may not be sold or used by any page	Use separate schedule(s) for each category of the Detailed Summary Page	Use separate schedule(s) for each category of the Detailed Summary Page 11a 13 may not be sold or used by any person for the	Use separate schedule(s) for each category of the Detailed Summary Page 11a may not be sold or used by any person for the pur	Use separate schedule(s) for each category of the Detailed Summary Page	for each category of the Detailed Summary Page	Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 11a 11b 11c 13 14 15 may not be sold or used by any person for the purpose of soliciting	Use separate schedule(s) for each category of the Detailed Summary Page (check only one) * 11a 11b 11c 1 13 14 15 15 may not be sold or used by any person for the purpose of soliciting con	Use separate schedule(s) for each category of the Detailed Summary Page (check only one)

	Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive	l) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : A2017-317266
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.9
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Select Medical Corporation	Vice P	resident (Ex)	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 384.65	
В.	Full Name of Individual (Last, First, Middle Initia Bolcavage, Theodore, J, Mr.,	l) or Full Orga	anization Name	Date of Receipt
	Mailing Address 30 Stone Run Drive			03 24 2017
	City	State	Zip Code	Transaction ID : A2017-461660
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period

350

17

FEC ID number of contributing federal political committee.	C	76.93
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 461.58	
Full Name of Individual (Last, First, Middle I C. Bolcavage, Theodore, J, Mr.,	nitial) or Full Organization Name	Date of Receipt
C. Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive		04 / D D / Y Y Y Y 04 07 2017
C. Bolcavage, Theodore, J, Mr.,	hitial) or Full Organization Name State Zip Code PA 17050	M=M / D=D / Y=Y=Y=Y

FEC ID number of contributing federal political committee.	C	76.93
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation (for Individual) Vice President (Ex) Aggregate Year-to-Date ▼ 538.51	Memo Item
SUBTOTAL of Receipts This Page (optional)	•	230.79

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

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Im	age# 201707269069823373								
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 OF 350 (check only one) ************************************					
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
A.	Full Name of Individual (Last, First, Middle Ini Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive		rganization Name	Date of Receipt					
City		State PA	Zip Code 17050	04 D 0 Y					
	Mechanicsburg FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period					
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General		Vice	upation (for Individual) e President (Ex) Year-to-Date ▼	Memo Item					
_	Conter (specify) ▼	tial) or Full O	615.44 rganization Name						
В.	Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive			Date of Receipt					
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-737818 Amount of Each Receipt this Period 76.93					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) President (Ex)	Memo Item					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.37]					
C.	Full Name of Individual (Last, First, Middle Ini Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive	tial) or Full O	rganization Name	Date of Receipt					
	City	State	Zip Code	05 19 2017 Transaction ID : A2017-1074032					
	Mechanicsburg FEC ID number of contributing federal political committee.	C	17050	Amount of Each Receipt this Period					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.30	1					

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 OF 350 (check only one) Image: Check only one in the image: Check on the imag
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	I ay not be sold or used by any address of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions be to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Bolcavage, Theodore, J, Mr.,		Organization Name	Date of Receipt
Mailing Address 30 Stone Run Drive			06 02 2017
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1107931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼	Memo Item
Other (specify) ▼		846.23	
Full Name of Individual (Last, First, Middle B. Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive	Initial) or Full C	Organization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1212023 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 923.16	
Full Name of Individual (Last, First, Middle Bolcavage, Theodore, J, Mr., Mailing Address 30 Stone Run Drive	Initial) or Full C	Organization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17050	06 30 2017 Transaction ID : A2017-1328648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.09	

SUBTOTAL of Receipts This Page (optional)		Ţ,	,		y	230.	79	
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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
			person for the purpose of soliciting contribution te to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC		
Full Name of Individual (Last, First, Middl Bradley, Daniel, F, Mr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2261 Turk Road			01 27 2017
City	State	Zip Code	Transaction ID : A2017-56473
Doylestown	PA	18901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.62]
Full Name of Individual (Last, First, Middle). Bradley, Daniel, F, Mr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2261 Turk Road			02 10 2017
City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-139469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.93]
Full Name of Individual (Last, First, Middl C. Bradley, Daniel, F, Mr.,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2261 Turk Road			02 / D D / Y Y Y Y 02 24 2017
City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-252884 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31

FEC ID number of contributing federal political committee.	C	192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation (for Individual) President (Ex) Aggregate Year-to-Date ▼ 769.24	Memo Item
SUBTOTAL of Receipts This Page (optional).	····· ►	576.93

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	INE NUMBER: only one) 1a11b	PAGE 46 OF 350
	ny information copied from such Reports and start for commercial purposes, other than using th		ay not be sold or used by any		the purpose of	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA					
Α.	Full Name of Individual (Last, First, Middle In Bradley, Daniel, F, Mr.,	itial) or Full C	Drganization Name	Dat	te of Receipt	
	Mailing Address 2261 Turk Road				03 / D D 10	/ Y Y Y Y 2017
	City Doylestown	State PA	Zip Code 18901		r ansaction ID : ount of Each R	A2017-317283 eceipt this Period
	FEC ID number of contributing federal political committee.	C				192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident (Ex)		Memo Item	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 961.55]		
В.	Full Name of Individual (Last, First, Middle In Bradley, Daniel, F, Mr., Mailing Address 2261 Turk Road	, 		M	te of Receipt 03 / 24	/ Y Y Y Y 2017
	City	State PA	Zip Code		ansaction ID :	
	Doylestown FEC ID number of contributing federal political committee.	C	18901	Am	ount of Each R	eceipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident (Ex)		Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1153.86]		
C.	Full Name of Individual (Last, First, Middle In Bradley, Daniel, F, Mr.,	itial) or Full C	Drganization Name	Dat	te of Receipt	
	Mailing Address 2261 Turk Road				04 / D D D 07	2017
	City Doylestown	State PA	Zip Code 18901		ransaction ID :	
	FEC ID number of contributing federal political committee.	C		Am	ount of Each R	eceipt this Period 192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) sident (Ex)		Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1346.17			

SUBTOTAL of Receipts This Page (optional)	l		9		9	576	6.93	
TOTAL This Period (last page this line number only)	E				-			Ο

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 47 OF

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)								
			13 14 15 16 17								
			person for the purpose of soliciting contributions se to solicit contributions from such committee.								
Select Medical Corpora	ation PAC										
Full Name of Individual (Last, Fire A. Bradley, Daniel, F, Mr.,	st, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2261 Turk Road			04 21 2017								
City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-682766 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		192.31								
Name of Employer (for Individual Select Medical Corporation	,	upation (for Individual) sident (Ex)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.48									
Full Name of Individual (Last, Firs B. Bradley, Daniel, F, Mr.,	st, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2261 Turk Road		1	05 05 2017								
City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-737836 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		192.31								
Name of Employer (for Individual Select Medical Corporation	,	upation (for Individual) sident (Ex)	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1730.79									
Full Name of Individual (Last, First C. Bradley, Daniel, F, Mr.,	st, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2261 Turk Road			05 / D D / Y Y Y Y 19 2017								
City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-1074050 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		192.31								
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Pres	upation (for Individual) ident (Ex)	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1923.10									
SUBTOTAL of Receipts This Page	(optional)		576.93								
TOTAL This Period (last page this	line number only)		• • • • • • • • • • • • • • • • • • •								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 48 OF 350 (check only one) Image: Check only one in the image: Check only one in the image: Check on in the image
	y information copied from such Reports and Sta			erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and a	address of any political committee	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Bradley, Daniel, F, Mr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 2261 Turk Road	1		M M / D D / Y Y Y Y Y 06 02 2017
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-1107949 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.41	1
_	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	Data of Descipt
в.	Bradley, Daniel, F, Mr., Mailing Address 2261 Turk Road			Date of Receipt
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-1212041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.72	1
с.	Full Name of Individual (Last, First, Middle Initia Bradley, Daniel, F, Mr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 2261 Turk Road			06 / D D / Y Y Y Y Y 2017
	City Doylestown	State PA	Zip Code 18901	Transaction ID : A2017-1328666 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Other (specify)		2500.03]
s	UBTOTAL of Receipts This Page (optional)			576.93

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		E NUMBER:	PAGE 49 OF 350
IT	EMIZED RECEIPTS	·	for each category of the Detailed Summary Page	(check or 11a	11y one)	11c 12 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the	e purpose of	soliciting contributions
$\left\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full Orga	nization Name	Date	of Receipt	
	Mailing Address 613 Carrie Drive			02	10	2017
	City Dallastown	State PA	Zip Code 17313			A2017-139416 Receipt this Period
	FEC ID number of contributing federal political committee.	C				76.93
	Name of Employer (for Individual) Select Medical Corporation		tion (for Individual) esident (Ex)	N 🗌	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.79			
в.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full Orga	nization Name	Date	of Receipt	
	Mailing Address 613 Carrie Drive			02	M / D D 24	
	City Dallastown	State PA	Zip Code 17313			A2017-252891 Receipt this Period
	FEC ID number of contributing federal political committee.	С				76.93
	Name of Employer (for Individual) Select Medical Corporation		tion (for Individual) resident (Ex)		Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ , 307.72			
C.	Full Name of Individual (Last, First, Middle Initial Breighner, Robert, G, Mr.,	al) or Full Orga	nization Name	Date	of Receipt	
	Mailing Address 613 Carrie Drive			03		
	City Dallastown	State PA	Zip Code 17313			A2017-317285 Receipt this Period
	FEC ID number of contributing federal political committee.	С			. , .	76.93
	Name of Employer (for Individual) Select Medical Corporation		tion (for Individual) esident (Ex)	_ _ '	Viemo Item	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 384.65			
	UBTOTAL of Receipts This Page (optional)					230.79

S	CHEDULE A (FEC Form 3X)			se separate schedule(s)	FOR LINE NUMBER: PAGE 50 OF 350 (check only one)
IT	EMIZED RECEIPTS		fc	etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 613 Carrie Drive				03 24 Y Y Y Y Y 2017
	City Dallastown	State PA		Zip Code 17313	Transaction ID : A2017-461651 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 461.58	
В.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full C	Drgan	ization Name	Date of Receipt
υ.	Mailing Address 613 Carrie Drive	04 07 2017			
	City Dallastown	State PA		Zip Code 17313	Transaction ID : A2017-521394 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.				76.93
	Name of Employer (for Individual) Select Medical Corporation			on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	-to-Date ▼ 538.51	
с.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 613 Carrie Drive				04 / D D / Y Y Y Y 04 21 2017
	City Dallastown	State PA		Zip Code 17313	Transaction ID : A2017-682773 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	-to-Date ▼ 615.44	
s	UBTOTAL of Receipts This Page (optional)				230.79

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	PAGE 51 OF 3
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a			
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Full Name of Individual (Last, First, Middle Initial) or Full C A. Breighner, Robert, G, Mr.,	organization Name	Date of Receipt	
Mailing Address 613 Carrie Drive		M M / D D	

Mailing Address 613 Carrie Drive	Date of Receipt		
	05 05 2017		
City	State	Zip Code	Transaction ID : A2017-737843
Dallastown	PA	17313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President (Ex)	Memo Item
Receipt For:		. ,	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.37]
Full Name of Individual (Last, First, Midd Breighner, Robert, G, Mr.,	le Initial) or Full Or	ganization Name	Date of Pessint
v			Date of Receipt
Mailing Address 613 Carrie Drive			05 19 2017
City	State	Zip Code	Transaction ID : A2017-1074057
Dallastown	PA	17313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.30	
Full Name of Individual (Last, First, Midd Breighner, Robert, G, Mr.,	le Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 613 Carrie Drive			06 02 / Y Y Y Y 06 02 2017
City	State	Zip Code	Transaction ID : A2017-1107956
Dallastown	PA	17313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individual)		pation (for Individual)	Memo Item
Select Medical Corporation	Vice	President (Ex)	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 846.23]
Receipt For: Primary General		Year-to-Date ▼ 846.23	230.7

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 OF 350 (check only one) 11a 11a 11b 12 12
	y information copied from such Reports and Sta for commercial purposes, other than using the			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 613 Carrie Drive			06 / D D / Y Y Y Y 06 16 2017
	City Dallastown	State PA	Zip Code 17313	Transaction ID : A2017-1212048
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.16]
В.	Full Name of Individual (Last, First, Middle Initia Breighner, Robert, G, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 613 Carrie Drive			06 30 2017
	City Dallastown	State PA	Zip Code 17313	Transaction ID : A2017-1328673 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.09]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Buchs, Josceylon, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			03 / 24 / 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-461657 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.82]
s	UBTOTAL of Receipts This Page (optional)			192.33

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
Α.	Full Name of Individual (Last, First, Middle Ini Buchs, Josceylon, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			04 07 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-521366 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29]
В.	Full Name of Individual (Last, First, Middle Ini Buchs, Josceylon, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			04 / 21 / 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-682745 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify) V		307.76	
C.	Full Name of Individual (Last, First, Middle Ini Buchs, Josceylon, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			05 05 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-737815 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.23]
Γ				115.41

SUBTOTAL of Receipts This Page (optional)		1	y	_	IJ	1	0.4	-
		1.1						
TOTAL This Period (last page this line number only)			-	 		 	-	_

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 OF 350 (check only one) I1a 11b 11c 12 I 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,		
Α.	Full Name of Individual (Last, First, Middle Initi Buchs, Josceylon, , , Mailing Address 1667 K Street NW	al) or Full C	Organization Name	Date of Receipt
	Suite 1050	1		05 19 2017
	City	State	Zip Code	Transaction ID : A2017-1074029
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) acutive	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		384.70]
В.	Full Name of Individual (Last, First, Middle Initi Buchs, Josceylon, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			06 02 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1107928 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 423.17]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Buchs, Josceylon, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			06 / D D / Y Y Y Y 06 / 16 / 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1212020
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item
	Receipt For:			
	Primary General Other (specify)]		
s	UBTOTAL of Receipts This Page (optional)			115.41

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 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P/	AC		
Full Name of Individual (Last, First, Middle Buchs, Josceylon, , , Mailing Address 1667 K Street NW Suite 1050 City	State	Zip Code	Date of Receipt 06 / 30 / 2017 Transaction ID : A2017-1328645
Washington FEC ID number of contributing federal political committee.	C	20006	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) ecutive Year-to-Date 500.11	Memo Item
Buckingham, Thomas, , Mr., Mailing Address 1 Chantilly Court	Initial) or Full C	Organization Name	Date of Receipt
City Mechanicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17050	Transaction ID : A2017-56418 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	ecupation (for Individual) ecutive Vice President (Ex) Year-to-Date ▼ 230.78	Memo Item
C. Full Name of Individual (Last, First, Middle Buckingham, Thomas, , Mr., Mailing Address 1 Chantilly Court	Initial) or Full C	Organization Name	Date of Receipt
City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual)		Zip Code 17050	02 10 2017 Transaction ID : A2017-139455 Amount of Each Receipt this Period 115.39 Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify)		cutive Vice President (Ex) Year-to-Date ▼ 346.17]
SUBTOTAL of Receipts This Page (optional).			269.25

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 OF 350 (check only one) Image: Check only one (Check only one) Image: Check only only one) </th
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1 Chantilly Court			02 / D D / Y Y Y Y 02 24 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-252870
			17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Exe	cutive Vice President (Ex)	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		461.56]
В.	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	al) or Full C	Organization Name	Date of Receipt
Mailing Address 1 Chantilly Court				03 10 2017
	City	State	Zip Code	Transaction ID : A2017-317268
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1 Chantilly Court			M M / D D / Y Y Y Y 03 24 2017
	City	State PA	Zip Code	Transaction ID : A2017-461662
	Mechanicsburg		17050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		115.39
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:	I	cutive Vice President (Ex)	_
	Primary General	Aggregate	Year-to-Date V	
	Other (specify)		692.34	
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 57 OF 3
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ac			
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Full Name of Individual (Last, First, Middle Initial) or Full Or A. Buckingham, Thomas, , Mr.,	rganization Name	Date of Receipt	

V.				
Α.	Full Name of Individual (Last, First, Middle Initi Buckingham, Thomas, , Mr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1 Chantilly Court			04 07 2017
	City	State	Zip Code	Transaction ID : A2017-521371
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)		ation (for Individual)	Memo Item
	Select Medical Corporation	Execu	tive Vice President (Ex)	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 807.73	
В.	Full Name of Individual (Last, First, Middle Initi Buckingham, Thomas, , Mr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1 Chantilly Court			04 21 2017
	City	State	Zip Code	Transaction ID : A2017-682750
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		ation (for Individual) Itive Vice President (Ex)	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		923.12	
с.	Full Name of Individual (Last, First, Middle Initi Buckingham, Thomas, , Mr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1 Chantilly Court			05 / D D / Y Y Y Y 05 05 2017
	City	State	Zip Code	Transaction ID : A2017-737820
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing	C		445.00
	federal political committee.	U		115.39
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Select Medical Corporation	Execut	tive Vice President (Ex)	
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	33 - 3		
	Other (specify)		1038.51	
				246.47
s	UBTOTAL of Receipts This Page (optional)		••••••	346.17
т	OTAL This Period (last page this line number o	only)	••••••	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	l) or Full C	Orgar	nization Name	Date of Receipt
	Mailing Address 1 Chantilly Court				05 / Y Y Y Y 05 19 2017
	City	State		Zip Code	Transaction ID : A2017-1074034
	Mechanicsburg	PA		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item
	Select Medical Corporation	Exe	ecutiv	ve Vice President (Ex)	
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼	
	Primary General Other (specify) ▼		Ţ	1153.90]
В.	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	l) or Full C	Orgar	nization Name	Date of Receipt
Mailing Address 1 Chantilly Court					06 02 2017
	City	State		Zip Code	Transaction ID : A2017-1107933
	Mechanicsburg	PA		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) ve Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 1269.29]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	l) or Full C	Orgar	nization Name	Date of Receipt
	Mailing Address 1 Chantilly Court				M M / D D / Y Y Y Y 06 16 2017
	City Mechanicsburg	State PA		Zip Code 17050	Transaction ID : A2017-1212025 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С			115.39
	Name of Employer (for Individual)		•	ion (for Individual)	Memo Item
	Select Medical Corporation	Exe	ecutiv	ve Vice President (Ex)	_
	Receipt For:	Aggregate	e Yea	r-to-Date ▼	
	Other (specify)		-9-	1384.68]
s	UBTOTAL of Receipts This Page (optional)				346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 OF 350 (check only one) ************************************
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Buckingham, Thomas, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1 Chantilly Court			06 / Y Y Y Y 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1328650
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07	1
B R	Full Name of Individual (Last, First, Middle Initia Burns, Sonda, D, Ms.,	al) or Full C	Organization Name	Date of Receipt
ь.	Mailing Address 4009 North Shore Drive			03 24 2017
	City Akron	State OH	Zip Code 44333	Transaction ID : A2017-461615 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Burns, Sonda, D, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4009 North Shore Drive			M M / D D / Y Y Y Y 04 07 2017
	City Akron	State OH	Zip Code 44333	Transaction ID : A2017-521468 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 269.29]
s	UBTOTAL of Receipts This Page (optional)			192.33

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Burns, Sonda, D, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4009 North Shore Drive			M M / D D / Y Y Y Y 04 21 2017
	City Akron	State OH	Zip Code 44333	Transaction ID : A2017-682851 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		ninistrator (Ex) Year-to-Date ▼ 307.76	
В.	Full Name of Individual (Last, First, Middle Initia Burns, Sonda, D, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4009 North Shore Drive			05 05 2017
	City Akron	State OH	Zip Code 44333	Transaction ID : A2017-737920 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Burns, Sonda, D, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4009 North Shore Drive			M M / D D / Y Y Y Y 05 19 2017
	City Akron	State OH	Zip Code 44333	Transaction ID : A2017-1073995 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	upation (for Individual) ninistrator (Ex)	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.70	
s	UBTOTAL of Receipts This Page (optional)		•	115.41
т	OTAL This Period (last page this line number o	nly)	••••••	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			for each	arate schedule(s) category of the Summary Page	(cł	DR LINE neck only 11a 13		R:	PAG 11c 15	E 61	2	350
	y information copied from such Reports and S for commercial purposes, other than using the								liciting	g contr	ibutior	ns
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C										
Α.	Full Name of Individual (Last, First, Middle Ini Burns, Sonda, D, Ms.,	tial) or Full C	rganization	Name		Date of	Receipt	t				
	Mailing Address 4009 North Shore Drive					м м 06		02	/ Y	201 [°]	Y Y 7	1
	City Akron	State OH	Zip Co 4433				action I of Eacl					
	FEC ID number of contributing federal political committee.	С							-y		38.47	
	Name of Employer (for Individual) Select Medical Corporation		upation (for ninistrator (E	,		Me	emo Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	e ▼ 423.17								
в.	Full Name of Individual (Last, First, Middle Ini Burns, Sonda, D, Ms.,	tial) or Full C	rganization	Name		Date of	Receipt	t				
	Mailing Address 4009 North Shore Drive					м м 06		^р 16	/ Y	y 2017]
	City	State OH	Zip Co				action II		-		-	
	Akron FEC ID number of contributing federal political committee.	С	4433	3		Amount	of Each	n Rec	eipt th		38.47	
	Name of Employer (for Individual) Select Medical Corporation		upation (for ninistrator (f			Me	emo Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	e ▼ 461.64								
<u> </u>	Full Name of Individual (Last, First, Middle Ini Burns, Sonda, D, Ms.,	tial) or Full C	rganization	Name		Date of	Receipt	t				
	Mailing Address 4009 North Shore Drive			-		^M 06		30		2017	7]
	City Akron	State OH	Zip Co 44333			Trans Amount	of Fact					
	FEC ID number of contributing federal political committee.	С					J.		J.		38.47	
	Name of Employer (for Individual) Select Medical Corporation		upation (for iinistrator (E	,		Me	emo Iter	n				
_	Receipt For: Primary General Other (specify)	1	Year-to-Dat	•								
1						100 C				-	-	

SUBTOTAL of Receipts This Page (optional)	_		y	 -	9		5.41	
TOTAL This Period (last page this line number only)		Ţ					_	Ţ

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50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 OF 350
IT	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions
	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	
Α.	Butt, Zaahra, , ,	,	0	Date of Receipt
	Mailing Address 1667 K Street NW			
	Suite 1050			04 21 2017
	City	State DC	Zip Code	Transaction ID : A2017-682800
	Washington		20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Exe	ecutive	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)		230.82	
B	Full Name of Individual (Last, First, Middle Initia Butt, Zaahra, , ,	al) or Full C	Organization Name	Date of Receipt
р.	Mailing Address 1667 K Street NW			· ·
	Suite 1050	05 05 2017		
	City	State	Zip Code	Transaction ID : A2017-737870
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		38.47
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		ecutive	-
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	00 0		
	Other (specify)		269.29	
	Full Name of Individual (Last 77 - Add 19 - 197		Neurophics Alexand	
C.	Full Name of Individual (Last, First, Middle Initia Butt, Zaahra, , ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 1667 K Street NW			
	Suite 1050			05 19 2017
	City	State	Zip Code	Transaction ID : A2017-1074084
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing	С		38.47
	federal political committee.	U		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		cutive	_
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			
	Other (specify)	L	307.76	
_				
				115.41
1 s	UBTOTAL of Receipts This Page (optional)			

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

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate sch for each category Detailed Summar	edule(s)	FOR LINE NUMBER: PAGE 63 OF 350 (check only one) 11a 11b 11c 12 13 14 15 16 17
					on for the purpose of soliciting contributions o solicit contributions from such committee.
	e OF COMMITTEE (In Full) ect Medical Corporation PAC				
	ame of Individual (Last, First, Middle Initia , Zaahra, , ,	al) or Full C	Drganization Name		Date of Receipt
	g Address 1667 K Street NW Suite 1050				06 / D D / Y Y Y Y Y 2017
City	vington	State DC	Zip Code 20006	-	Transaction ID : A2017-1107983
wash	hington		20006		Amount of Each Receipt this Period
	D number of contributing al political committee.	С			38.47
	of Employer (for Individual) t Medical Corporation		cupation (for Individua	l)	Memo Item
Receip	pt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) ▼			346.23	
	lame of Individual (Last, First, Middle Initia , Zaahra, , ,	al) or Full C	Drganization Name		Date of Receipt
	g Address 1667 K Street NW Suite 1050				06 16 / Y Y Y Y 2017
City Wash	ington	State DC	Zip Code 20006		Transaction ID : A2017-1211977 Amount of Each Receipt this Period
	D number of contributing al political committee.	С			38.47
Name Select	e of Employer (for Individual) Medical Corporation		cupation (for Individua	al)	Memo Item
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	384.70	
	lame of Individual (Last, First, Middle Initia t, Zaahra, , ,	al) or Full C	Drganization Name		Date of Receipt
Mailing	g Address 1667 K Street NW Suite 1050				06 / D D / Y Y Y Y 2017
City	hington	State DC	Zip Code 20006	-	Transaction ID : A2017-1328700
Washington D FEC ID number of contributing federal political committee. C			20000		Amount of Each Receipt this Period 38.47
	of Employer (for Individual) t Medical Corporation		cupation (for Individua	l)	Memo Item
	pt For:				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	423.17	
SUBTO	TAL of Receipts This Page (optional)				115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 OF 350 (check only one) I1a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A .	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			03 / D D / Y Y Y Y Y 24 2017
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-461678 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator EX Year-to-Date ▼ 230.82	Memo Item
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			04 07 Y Y Y Y 2017
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-521499 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			04 / D D / Y Y Y Y 21 2017
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-682883 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	upation (for Individual) ninistrator EX	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.76	1
s	UBTOTAL of Receipts This Page (optional)			115.41

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			05 05 2017
	City	State	Zip Code	Transaction ID : A2017-737952
	Saginaw	MI	48603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator EX	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		346.23	
В.	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			05 19 2017
	City	State	Zip Code	Transaction ID : A2017-1074106
	Saginaw	MI	48603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator EX	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.70	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			06 02 2017
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-1108063 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator EX	Memo Item
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)	, ggi egale	423.17	
s	UBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions te to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 2910 Pimlico Ln			06 16 / Y Y Y Y 07 16 2017
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-1211958 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.64]
В.	Full Name of Individual (Last, First, Middle Initia Campbell, Matthew, J, ,	al) or Full C	rganization Name	Date of Receipt
υ.	Mailing Address 2910 Pimlico Ln			06 30 2017
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-1328636 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Canard, Robert, S, Mr.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 3710 Chinkapin Court			05 / 19 / Y Y Y Y 2017
	City Columbia	State MO	Zip Code 65203	Transaction ID : A2017-1073980 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.82]
s	UBTOTAL of Receipts This Page (optional)			115.41

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S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 OF 350			
IT	EMIZED RECEIPTS		for each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
٨	v information conject from such Reports and Sta	temente m	av not be sold or used by any	person for the purpose of soliciting contributions			
	for commercial purposes, other than using the r						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
_	Full Name of Individual (Last, First, Middle Initia Canard, Robert, S, Mr.,	al) or Full C	Organization Name				
Α.				Date of Receipt			
	Mailing Address 3710 Chinkapin Court			06 02 2017			
	City	State	Zip Code	Transaction ID : A2017-1108030			
	Columbia	MO	65203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	Select Medical Corporation		ninistrator (Ex)				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	, iggi oguto					
	Other (specify) ▼	L	269.29				
P	Full Name of Individual (Last, First, Middle Initia Canard, Robert, S, Mr.,	al) or Full C	Organization Name	Data of Pagaint			
в.				Date of Receipt			
	Mailing Address 3710 Chinkapin Court			06 16 2017			
	City	State	Zip Code	Transaction ID : A2017-1212012			
	Columbia	MO	65203	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		38.47			
	federal political committee.	•					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item			
	Receipt For:		()				
	Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	L	, 307.76				
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name				
C.	Canard, Robert, S, Mr.,			Date of Receipt			
	Mailing Address 3710 Chinkapin Court						
	<u></u>	Chata	Zin Oode	06 30 2017			
	City Columbia	State MO	Zip Code 65203	Transaction ID : A2017-1328735			
		1	00200	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		38.47			
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item			
	Select Medical Corporation		ninistrator (Ex)				
	Receipt For:	1	Year-to-Date V				
	Primary General	Aygregate					
	Other (specify)	L	346.23				
s	UBTOTAL of Receipts This Page (optional)			115.41			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle Ini A. Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive City	State	Drganization Name	Date of Receipt 01 / 27 / 2017 Transaction ID : A2017-56453
Saginaw FEC ID number of contributing federal political committee.	С	48603	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 230.78	Memo Item
Full Name of Individual (Last, First, Middle In B. Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive	itial) or Full C	Organization Name	Date of Receipt
City Saginaw FEC ID number of contributing federal political committee.	State MI	Zip Code 48603	Transaction ID : A2017-139395 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	eupation (for Individual) ministrator (Ex) Year-to-Date ▼ 346.17	Memo Item
C. Full Name of Individual (Last, First, Middle In Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive	itial) or Full C	Organization Name	Date of Receipt
City Saginaw FEC ID number of contributing	State MI	Zip Code 48603	Transaction ID : A2017-252971 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 461.56	Memo Item
SUBTOTAL of Receipts This Page (optional)			346.17

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

SCHEDULE A (FEC For ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 OF 350 (check only one) I1a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corpora	tion PAC		
A. Cannon, Matthew, D, , Mailing Address 2882 Wexford Dri		Organization Name	Date of Receipt
City	State	Zip Code	M / D D / Y
Saginaw FEC ID number of contributing federal political committee.	С	48603	Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 576.95	Memo Item
Full Name of Individual (Last, Firs B. Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive		Organization Name	Date of Receipt
City Saginaw	State MI	Zip Code 48603	03 24 2017 Transaction ID : A2017-461627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation	Adr	cupation (for Individual) ministrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692,34]
Full Name of Individual (Last, Firs C. Cannon, Matthew, D, ,		Organization Name	Date of Receipt
Mailing Address 2882 Wexford Dri	State	Zip Code	M M / D D / Y
Saginaw FEC ID number of contributing federal political committee.	С	48603	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73]
SUBTOTAL of Receipts This Page	optional)		346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 OF 350 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C		
Full Name of Individual (Last, First, Middle) A. Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive	Initial) or Full C	Organization Name	Date of Receipt
City	State MI	Zip Code 48603	04 21 2017 Transaction ID : A2017-682863
Saginaw FEC ID number of contributing federal political committee.	C	48603	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 923.12	Memo Item
Full Name of Individual (Last, First, Middle B. Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive	Initial) or Full C	Organization Name	Date of Receipt
City Saginaw	State MI	Zip Code 48603	05 05 2017 Transaction ID : A2017-737932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	upation (for Individual) ninistrator (Ex)	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51]
C. Cannon, Matthew, D, , Mailing Address 2882 Wexford Drive			Date of Receipt
City Saginaw	State MI	Zip Code 48603	05 19 2017 Transaction ID : A2017-1074007 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 1153.90	Memo Item
SUBTOTAL of Receipts This Page (optional).			346.17

Im	age# 201707269069823401									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 OF 350 (check only one)						
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
				person for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA Full Name of Individual (Last, First, Middle In		Droanization Name							
Α.	Cannon, Matthew, D, ,			Date of Receipt						
	Mailing Address 2882 Wexford Drive			06 02 2017						
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-1108045 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29]						
В.	Full Name of Individual (Last, First, Middle In Cannon, Matthew, D, ,	nitial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 2882 Wexford Drive	1-		06 / D D / Y Y Y Y 2017						
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-1211940 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.68]						
c.	Full Name of Individual (Last, First, Middle In Cannon, Matthew, D, ,	nitial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 2882 Wexford Drive			06 / D D / Y Y Y Y 2017						
	City Saginaw	State MI	Zip Code 48603	Transaction ID : A2017-1328618 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.07	1						

SUBTOTAL of Receipts This Page (optional)			,		ľ	,		346. <i>*</i>	17	
TOTAL This Period (last page this line number only)	1									Ī
TOTAL This Period (last page this line number only)			 100	1.1		1.00	 	1.1.1.1		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page				
Any information copied from such Reports and a or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С					
Full Name of Individual (Last, First, Middle Ir A. Carnevale, Raymond, F, Mr., Mailing Address 5801 Gemini Dr. Apt. 305	iitial) or Full C	Organization Name	Date of Receipt			
City Madison	State WI	Zip Code 53718	02 10 2017 Transaction ID : A2017-139388			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.93			
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 230.79	Memo Item			
Full Name of Individual (Last, First, Middle Ir B. Carnevale, Raymond, F, Mr., Mailing Address 5801 Gemini Dr. Apt. 305	iitial) or Full C	Organization Name	Date of Receipt			
City Madison FEC ID number of contributing federal political committee.	State WI	Zip Code 53718	02 24 2017 Transaction ID : A2017-252964 Amount of Each Receipt this Period 76.93			
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adı	upation (for Individual) ministrator (Ex) Year-to-Date ▼ 307.72	Memo Item			
Full Name of Individual (Last, First, Middle Ir C. Carnevale, Raymond, F, Mr., Mailing Address 5801 Gemini Dr. Apt. 305			Date of Receipt			
City Madison FEC ID number of contributing federal political committee.	State WI	Zip Code 53718	03 10 2017 Transaction ID : A2017-317246 Amount of Each Receipt this Period 76.93			
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 384.65	Memo Item			
SUBTOTAL of Receipts This Page (optional)			230.79			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 OF 350 (check only one)							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC									
Full Name of Individual (Last, First, Middle A. Carnevale, Raymond, F, Mr.,	,	Organization Name	Date of Receipt							
Mailing Address 5801 Gemini Dr. Apt. 305			03 / D D / Y Y Y Y 24 2017							
City Madison	State WI	Zip Code 53718	Transaction ID : A2017-461620 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.93							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.58]							
Full Name of Individual (Last, First, Middle B. Carnevale, Raymond, F, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 5801 Gemini Dr. Apt. 305	04 07 2017									
City Madison	State WI	Zip Code 53718	Transaction ID : A2017-521473 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.93							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.51	1							
Full Name of Individual (Last, First, Middle C. Carnevale, Raymond, F, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 5801 Gemini Dr. Apt. 305			04 / D D / Y Y Y Y 21 2017							
City Madison	State WI	Zip Code 53718	Transaction ID : A2017-682856 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.93							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.44]							
SUBTOTAL of Receipts This Page (optional)		230.79							

50	HEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 74 OF 350
			Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 OF 350 (check only one)
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u> </u>	Full Name of Individual (Last, First, Middle Initia Carnevale, Raymond, F, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 5801 Gemini Dr. Apt. 305	05 05 / Y Y Y Y 05 05 05		
	City	State	Zip Code	Transaction ID : A2017-737925
	Madison	WI	53718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		692.37	
— B	Full Name of Individual (Last, First, Middle Initia Carnevale, Raymond, F, Mr.,	al) or Full C	organization Name	Date of Receipt
υ.	Mailing Address 5801 Gemini Dr. Apt. 305	05 19 2017		
	City	State	Zip Code	Transaction ID : A2017-1074000
	Madison	WI	53718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 769.30	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Carnevale, Raymond, F, Mr.,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 5801 Gemini Dr. Apt. 305			M M / D D / Y Y Y Y 06 02 2017
	City Madison	State WI	Zip Code 53718	Transaction ID : A2017-1108039
		VVI	55716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		846.23]
s	UBTOTAL of Receipts This Page (optional)			230.79

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 OF 350 (check only one)									
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initi Carnevale, Raymond, F, Mr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5801 Gemini Dr. Apt. 305			06 / Y Y Y Y Y 06 16 2017									
	City Madison	State WI	Zip Code 53718	Transaction ID : A2017-1211934 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.16]									
В.	Full Name of Individual (Last, First, Middle Initi Carnevale, Raymond, F, Mr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5801 Gemini Dr. Apt. 305	06 30 2017											
	City Madison	State WI	Zip Code 53718	Transaction ID : A2017-1328612 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ministrator (Ex)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.09]									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Castroman, Marinella, , Mrs.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2971 Stanfield Avenue	01-1-	The Order	01 / 27 / 2017									
	City Orlando	State FL	Zip Code 32814	Transaction ID : A2017-56467 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.78]									
s	UBTOTAL of Receipts This Page (optional)			269.25									

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	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 OF 350 (check only one) I1a 11b 11c 12 X 11a 14 15 16 17
				berson for the purpose of soliciting contributions e to solicit contributions from such committee.
	e OF COMMITTEE (In Full) ect Medical Corporation PAC			
A. Cast	ame of Individual (Last, First, Middle Initia troman, Marinella, , Mrs.,	l) or Full O	Organization Name	Date of Receipt
	g Address 2971 Stanfield Avenue			02 / D D / Y Y Y Y 10 2017
City Orlan	do	State FL	Zip Code 32814	Transaction ID : A2017-139463 Amount of Each Receipt this Period
	D number of contributing I political committee.	С		115.39
	of Employer (for Individual) Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17]
	ame of Individual (Last, First, Middle Initia troman, Marinella, , Mrs.,	l) or Full O	Organization Name	Date of Receipt
	g Address 2971 Stanfield Avenue			02 24 Y Y Y Y 02 21 2017
City Orland	do	State FL	Zip Code 32814	Transaction ID : A2017-252878 Amount of Each Receipt this Period
	D number of contributing I political committee.	С		115.39
Name Select	of Employer (for Individual) Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56]
	ame of Individual (Last, First, Middle Initia stroman, Marinella, , Mrs.,	l) or Full O	Organization Name	Date of Receipt
Mailing	g Address 2971 Stanfield Avenue			03 / D D / Y Y Y Y 03 10 2017
City Orlan	do	State FL	Zip Code 32814	Transaction ID : A2017-317277 Amount of Each Receipt this Period
	D number of contributing I political committee.	С		115.39
	of Employer (for Individual) t Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95]
SUBTO	TAL of Receipts This Page (optional)			346.17

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 77 OF 350 (check only one) Image: state stat												
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Castroman, Marinella, , Mrs.,	al) or Full C	Organization Nam	ıe	Date of Receipt									
	Mailing Address 2971 Stanfield Avenue				03 / 24 2017									
	City Orlando	State FL	Zip Code 32814		Transaction ID : A2017-461638 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Indivinient Indivinient Indivinient Indivinient Individual Individual Individual Individual Indivi Individual Individual Individual Individual Individual Individual Individual Individual Individual Individual Indi	vidual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	692.34]									
В.	Full Name of Individual (Last, First, Middle Initia Castroman, Marinella, , Mrs.,	al) or Full C	Organization Nam	ne	Date of Receipt									
υ.	Mailing Address 2971 Stanfield Avenue	04 07 2017												
	City Orlando	State FL	Zip Code 32814		Transaction ID : A2017-521380 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Indi ministrator (Ex)	vidual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	807.73]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Castroman, Marinella, , Mrs.,	al) or Full C	Organization Nam	ne	Date of Receipt									
	Mailing Address 2971 Stanfield Avenue				04 / D D / Y Y Y Y 21 2017									
	City Orlando	State FL	Zip Code 32814		Transaction ID : A2017-682759 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Indivininistrator (Ex)	vidual)	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	923.12]									
s	UBTOTAL of Receipts This Page (optional)				346.17									

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 OF 350 (check only one) I1a 11b 11c 12 I1a 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle Ir A. Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue	nitial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	05 05 2017 Transaction ID : A2017-737829
Orlando FEC ID number of contributing federal political committee.	FL C	32814	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 1038.51	Memo Item
B. Full Name of Individual (Last, First, Middle Ir Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue	hitial) or Full C	Organization Name	Date of Receipt
City Orlando FEC ID number of contributing federal political committee.	State FL	Zip Code 32814	05 19 2017 Transaction ID : A2017-1074043 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adı	upation (for Individual) ministrator (Ex) Year-to-Date ▼ 1153.90	Memo Item
C. Full Name of Individual (Last, First, Middle In Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue	hitial) or Full C	Organization Name	Date of Receipt
City Orlando	State FL	Zip Code 32814	06 02 2017 Transaction ID : A2017-1107942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 1269.29	Memo Item
SUBTOTAL of Receipts This Page (optional)			346.17

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

	IEDULE A (FEC Form 3X) /IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 OF 350 (check only one) I1a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions the to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) elect Medical Corporation PAC	;		
A C	II Name of Individual (Last, First, Middle Initi Castroman, Marinella, , Mrs., ailing Address 2971 Stanfield Avenue	al) or Full C	Organization Name	Date of Receipt
	Anning Address 2971 Stanlield Avenue			06 16 / Y Y Y Y 07 16 2017
Cit O	ty rlando	State FL	Zip Code 32814	Transaction ID : A2017-1212034 Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		115.39
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.68]
	II Name of Individual (Last, First, Middle Initi Castroman, Marinella, , Mrs.,	al) or Full C	Organization Name	Date of Receipt
	ailing Address 2971 Stanfield Avenue			06 30 / Y Y Y Y 2017
Cit	ty rlando	State FL	Zip Code 32814	Transaction ID : A2017-1328659
FE	EC ID number of contributing deral political committee.	С		Amount of Each Receipt this Period
Na Se	ame of Employer (for Individual) lect Medical Corporation		upation (for Individual) ministrator (Ex)	Memo Item
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07]
	ll Name of Individual (Last, First, Middle Initi Changet, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt
	ailing Address 6196 Grovedell			06 30 / Y Y Y Y 2017
Cit M	ty Iagnolia	State OH	Zip Code 44643	Transaction ID : A2017-1328744 Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		19.24
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) cutive	Memo Item
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 211.64]
SUB	TOTAL of Receipts This Page (optional)			250.02

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 80 OF 350 (check only one) Image: Check only one in the image: Check on t									
	y information copied from such Reports and Sta for commercial purposes, other than using the		ay not	be sold or used by any pe										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
A.	Full Name of Individual (Last, First, Middle Initia Chauhan, Varun, , ,	al) or Full C	Drganiz	ation Name	Date of Receipt									
	Mailing Address 7045 St Ursula Dr.	Otata	7	in Code	04 / D D / Y Y Y Y 21 2017									
	City Canfield	State OH		ip Code 44406	Transaction ID : A2017-682878 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		cupatior ecutive	n (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-t	o-Date ▼ 230.82										
— В.	Full Name of Individual (Last, First, Middle Initia Chauhan, Varun, , ,	al) or Full C	Drganiz	ation Name	Date of Receipt									
	Mailing Address 7045 St Ursula Dr.	05 05 2017												
	City Canfield	State OH		ip Code 44406	Transaction ID : A2017-737947 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		cupation ecutive	n (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-t	o-Date ▼ 269.29										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Chauhan, Varun, , ,	al) or Full C	Drganiz	ation Name	Date of Receipt									
	Mailing Address 7045 St Ursula Dr.				05 / D D / Y Y Y Y 05 19 2017									
	City Canfield	State OH		ip Code 44406	Transaction ID : A2017-1074021 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			38.47									
	Name of Employer (for Individual) Select Medical Corporation		cupation ecutive	n (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	e Year-t	o-Date ▼ 307.76										
s	UBTOTAL of Receipts This Page (optional)				115.41									

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)								PAGE	81 12	2	350		
	y information copied from such Reports and St for commercial purposes, other than using the								of soli	citing	contri	butior	าร		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;													
A.	Full Name of Individual (Last, First, Middle Initi Chauhan, Varun, , ,	ial) or Full C	Drga	nization Name		Date o	f Re	eceipt							
	Mailing Address 7045 St Ursula Dr.				06 02 <u>Y Y Y Y</u> 06 02 2017										
	City Canfield	State OH		Zip Code 44406		Trans Amoun		ion ID Each							
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		- -	3	38.47			
	Name of Employer (for Individual) Select Medical Corporation		upa ecuti	tion (for Individual) ve		M	lemo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 346.23]										
В.	Full Name of Individual (Last, First, Middle Init Chauhan, Varun, , , Mailing Address 7045 St Ursula Dr.	ial) or Full C	Drga	nization Name		Date o		eceipt	D /	Y	Y	Y Y	1		
	City Canfield FEC ID number of contributing federal political committee.	State OH		Zip Code 44406		06 Trans Amoun		16 ion ID Each	: A20		s Peri	3			
	Name of Employer (for Individual) Select Medical Corporation		cupa ecuti	tion (for Individual) ive		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 384.70]										
C.	Full Name of Individual (Last, First, Middle Initi Chauhan, Varun, , , Mailing Address 7045 St Ursula Dr.	ial) or Full C	Drga	nization Name		Date o		eceipt	D	Y	Y	Y X	_		
	City Canfield	State OH		Zip Code 44406		06	sact	30 ion ID) : A20)17-13	2017 32863	1	_		
	FEC ID number of contributing federal political committee.	С				<u> </u>		y 1		9	3	38.47			
	Name of Employer (for Individual) Select Medical Corporation	Occ Exe		tion (for Individual) ve		N	lemo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 423.17											
							-		_		11	5 41	_		

SUBTOTAL of Receipts This Page (optional)	J.			7			9			15.4	
	Г										
TOTAL This Period (last page this line number only)	Ŀ	-	-	-7	_	-	-7	-	-		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use s for ea Detail	(che	FOR LINE NUMBER: PAGE 82 OF 350 (check only one) * 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initia Chernow, David, S, Mr.,	al) or Full (Organizatio	on Name		Date of F	Receipt						
	Mailing Address 700 Gladstone Ct					^M 03	/ D D 21		2017	Y			
	City	State		Code		Transad	ction ID : A	2017-448	402				
	Mechanicsburg	PA	17	055		Amount c	of Each Re	ceipt this	Period				
	FEC ID number of contributing federal political committee.	С						-gr.	5000.0	0			
	Name of Employer (for Individual) Select Medical Corporation		cupation (f esident (Ex	or Individual)		Men	no Item						
	Receipt For:	Aggregate	e Year-to-D	Date 🔻									
	Primary General Other (specify) ▼			5000.00									
В.	Full Name of Individual (Last, First, Middle Initia Comer, Melinda, D, Mrs.,	al) or Full (Organizatio	on Name		Date of F	Receipt						
	Mailing Address 503 Peach Spring		^M 06	/ D D D 02		2017	Y						
	City Houston	State TX	Zip 770	Code 037			tion ID : A of Each Re			_			
	FEC ID number of contributing federal political committee.	С				19.24							
	Name of Employer (for Individual) Select Medical Corporation		cupation (1 ce Preside	for Individual) nt (Ex)		Men	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-E	Date ▼ 211.64									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Comer, Melinda, D, Mrs.,	al) or Full (Organizatio	on Name		Date of F	Receipt						
	Mailing Address 503 Peach Spring					м м 06	/ D D 16		2017	Y			
	City Houston	State TX	Zip 770	Code 037			ction ID : A						
	FEC ID number of contributing federal political committee.	С					y .	,	19.2	4			
	Name of Employer (for Individual) Select Medical Corporation		cupation (f e Presider	or Individual) It (Ex)		Men	no Item						
	Receipt For:		e Year-to-D										
	Primary General Other (specify)			230.88									
s	UBTOTAL of Receipts This Page (optional)								5038.4	8			

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SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 OF (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12
			13 14 15 16
			person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle Select Medical Corporation F	PAC		
Full Name of Individual (Last, First, Middle Comer, Melinda, D, Mrs.,	e Initial) or Full C	Organization Name	
Mailing Address 503 Peach Spring			Date of Receipt
Maning Address 505 Feach Spring			06 30 2017
City	State	Zip Code	Transaction ID : A2017-1328655
Houston	TX	77037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Select Medical Corporation	Vic	e President (Ex)	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		250.12]
Full Name of Individual (Last, First, Middle Conover, Jevne, R, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 11896 Lakeshore Drive			03 24 2017
City	State	Zip Code	
Grand Haven	MI	49417	Transaction ID : A2017-461626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38,47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) v		230,82]
Full Name of Individual (Last, First, Middle . Conover, Jevne, R, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 11896 Lakeshore Drive			04 07 2017
City	State	Zip Code	Transaction ID : A2017-521479
Grand Haven	MI	49417	Amount of Each Receipt this Period

		04	07	2017
State	Zip Code	Transact	tion ID : A201	17-521479
MI	49417	Amount of	Each Receip	ot this Period
С			,	38.47
Occup	pation (for Individual)	Memo	o Item	
Admir	histrator (Ex)			
Aggregate Y	′ear-to-Date ▼ 269.29			
	▶		,	96.18
	MI C Occup Admir Aggregate Y	MI 49417 C Occupation (for Individual) Administrator (Ex) Aggregate Year-to-Date ▼	State MI Zip Code 49417 Transact C Amount of Occupation (for Individual) Administrator (Ex) Memory Aggregate Year-to-Date ▼ 269.29	State MI Zip Code 49417 Transaction ID : A201 C Amount of Each Receipt Occupation (for Individual) Administrator (Ex) Memo Item Aggregate Year-to-Date ▼ 269.29

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

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SCHEDULE A (FEC Form 3X)				Jse separate schedule(s)	FOR LINE NUMBER: PAGE 84 OF 350 (check only one)						
ITEMIZED RECEIPTS			for each category of the		X 11a 11b 11c 12						
				Detailed Summary Page	13 14 15 16 17						
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
/	Full Name of Individual (Last, First, Middle Initia)*~~	vization Nome							
Α.	Conover, Jevne, R, Mr.,	al) of Full C	Jigar	ization name	Date of Receipt						
	Mailing Address 11896 Lakeshore Drive			7. 0. 1	04 / D D / Y Y Y Y 21 2017						
	City Crand Linuar	State MI		Zip Code	Transaction ID : A2017-682862						
	Grand Haven			49417	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			38.47						
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) trator (Ex)	Memo Item						
	Receipt For:	Aggregate	Yea	r-to-Date ▼							
	Primary General Other (specify) ▼		-	307.76	1						
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drgar	nization Name							
в.	Conover, Jevne, R, Mr.,				Date of Receipt						
	Mailing Address 11896 Lakeshore Drive	04-4-			05 05 2017						
	City Grand Haven	State MI		Zip Code 49417	Transaction ID : A2017-737931 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			38.47						
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) trator (Ex)	Memo Item						
	Receipt For:	Aggregate	Yea	r-to-Date ▼							
	Primary General Other (specify) ▼		,	346.23							
<u></u> С.	Full Name of Individual (Last, First, Middle Initia Conover, Jevne, R, Mr.,	al) or Full C	Drgar	nization Name	Date of Receipt						
	Mailing Address 11896 Lakeshore Drive				05 / 19 / Y Y Y Y 05 / 19						
	City	State		Zip Code	Transaction ID : A2017-1074006						
	Grand Haven	MI		49417	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			38.47						
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) irator (Ex)	Memo Item						
	Receipt For:	1		r-to-Date ▼	-						
	Primary General	Ayyreyate	rea								
	Other (specify)		-	384.70							
s	UBTOTAL of Receipts This Page (optional)				. 115.41						

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	RECEIPTS Use separate schedule(s) for each category of the separate schedule(s)						FOR LINE NUMBER: PAGE 85 ((check only one)							
		Detailed Summary Page			13	14		15	-	16	Γ	17		
or for commercial purposes, other than usin	EDULE A (FEC Form 3X) ZED RECEIPTS Use separate scheduled for each category of the Detailed Summary Page ormation copied from such Reports and Statements may not be sold or used by ommercial purposes, other than using the name and address of any political corn E OF COMMITTEE (In Full) lect Medical Corporation PAC Name of Individual (Last, First, Middle Initial) or Full Organization Name stello, Jodi, , , ng Address 1667 K Street NW Suite 1050 C Primary General Other (specify) ▼ Name of Individual (Last, First, Middle Initial) or Full Organization Name stello, Jodi, , , ng Address 1667 K Street NW Suite 1050 Suite 1050 State Zip Code DC Jonumber of contributing ral political committee. e of Employer (for Individual) C ID number of contributing ral political committee. e of Employer (for Individual) C ID number of contributing ral political committee. e of Employer (for Individual)		person ee to s	n fo solia	or the pu cit contr	irpose (ibutions	of s fro	solic om :	iting such	contrib comm	utio ittee	ns		
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC													
Full Name of Individual (Last, First, Midd A. Costello, Jodi, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Costello, Jodi, , ,													
-	1050			Г		/ D		/	Y	Y Y	Y	1		
Suite 1050	State	Zin Code		5	06 Transad	0 tion ID		1201	17.14	2017	-			
Washington					mount o						h			
EEC ID number of contributing						Laci	TIC	ceip	<i><i></i></i>			-		
federal political committee.	C			Ļ					,		9.24	_		
Name of Employer (for Individual)														
Receipt For:	I													
	Aggregale		- 1											
Other (specify) v		211.64												
		, ,												
Full Name of Individual (Last, First, Midd B. Costello, Jodi, , ,	le Initial) or Full O	rganization Name		D	ate of F	Receipt								
	1050						M m / D D / Y Y Y Y 06 16 2017 Transaction ID : A2017-1212027							
City	State													
Washington	DC	20006			mount o			-			d			
FEC ID number of contributing	С	C					19.24							
·				÷,	-				,			_		
Name of Employer (for Individual) Select Medical Corporation			Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	1.99.09410		- L.											
Other (specify) v		230.88	4											
Full Name of Individual (Last, First, Midd C. Costello, Jodi, , ,	le Initial) or Full O	rganization Name		D	ate of F	Receipt								
	1050			Γ	^M 06	/ D	D 0	1	Y	y y 2017	Y	1		
City	State						Transaction ID : A2017-1328652							
Washington	DC						Re	ceir	ot this	s Perio	d			
FEC ID number of contributing federal political committee.	С			[y			,	19	9.24			
Name of Employer (for Individual)	Occi	upation (for Individual)		Memo Item										

Executive

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

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

Aggregate Year-to-Date ▼

250.12

100

Select Medical Corporation

Other (specify)

General

Receipt For:

Primary

57.72

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Curnane, Carolyn, N, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1615 Linda Drive			06 / D D / Y Y Y Y 06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1107945
	West Chester	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President (Ex)	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		211.64]
В.	Full Name of Individual (Last, First, Middle Initia Curnane, Carolyn, N, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1615 Linda Drive			06 16 2017
	City	State	Zip Code	Transaction ID : A2017-1212037
	West Chester	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 230.88]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Curnane, Carolyn, N, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1615 Linda Drive			06 30 2017
	City West Chester	State PA	Zip Code 19380	Transaction ID : A2017-1328662
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President (Ex)	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		250.12]
s	UBTOTAL of Receipts This Page (optional)			57.72

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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FOR LINE NUMBER:

PAGE 87 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check	1a 🗌	ne) 11b 14	11c 15	12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for	the pu		soliciting	contrib	utions		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)									
Α.	Full Name of Individual (Last, First, Middle Init Davis, Brian, E, Mr., Mailing Address 1211 High Hollow	ial) or Full O	rganization Name	_	Date of Receipt						
					01	27	L	2017	_		
	City State Mechanicsburg PA		Zip Code 17050			tion ID :					
			17050	Am	ount of	Each R	eceipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	C				-ge-		115	5.39		
	Name of Employer (for Individual)	Occi	pation (for Individual)		Mem	o Item					
	Select Medical Corporation	Reg	onal President (Ex)								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		230.78	1							
	Other (specify) v		230.10	1							
в.	Full Name of Individual (Last, First, Middle Init Davis, Brian, E, Mr.,	ial) or Full O	ganization Name	Dat	te of R	eceipt					
	Mailing Address 1211 High Hollow				02 10 / Y Y Y Y 02 10 2017						
	City	State	Zip Code	Т	ansact	ion ID : /	A2017-1	39429			
	Mechanicsburg	PA	17050			Each R			d		
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ional President (Ex)		Mem	o Item					
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		, 346.17	1							
С.	Full Name of Individual (Last, First, Middle Init Davis, Brian, E, Mr.,	ial) or Full O	ganization Name	Dat	te of R	eceipt					
	Mailing Address 1211 High Hollow				02	D D 24	/ Y	2017	Y		
	City Mechanicsburg	State PA	Zip Code 17050			tion ID : Each R					
	FEC ID number of contributing	С				Lacit In			5.39		
	federal political committee.					y	y				
			pation (for Individual) onal President (Ex)		Mem	o Item					
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		461.56	1							
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of					, , , ,	· ·	346	5.17		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 1211 High Hollow			03 / D D / Y Y Y Y 03 10 2017					
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-317299 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]					
— R	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full C	Drganization Name	Date of Receipt					
В.	Mailing Address 1211 High Hollow			03 24 2017					
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-461693 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 692.34	1					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 1211 High Hollow	01-1-		04 / D D / Y Y Y Y 04 07 2017					
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-521408 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			115.39					
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) gional President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73]					
s	UBTOTAL of Receipts This Page (optional)			346.17					

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l	TOTAL This Period (last page this line number only)	_		 -			-	 _	-	_

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 OF 350 (check only one) 11a 11b 11c 12
	y information copied from such Reports and Sta		ay not be sold or used by any p	erson for the purpose of soliciting contributions
	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	ame and a	deress of any political committee	
A .	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full C	organization Name	Date of Receipt
7.1	Mailing Address 1211 High Hollow			04 21 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-682788 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) jional President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]
В.	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full C	Prganization Name	Date of Receipt
5.	Mailing Address 1211 High Hollow			05 05 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-737858 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) gional President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51]
с.	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full C	organization Name	Date of Receipt
	Mailing Address 1211 High Hollow			05 / D D / Y Y Y Y 05 19 2017
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1074072 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ional President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)]		
s	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 OF 350 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the n				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full (Orgar	nization Name	Date of Receipt
	Mailing Address 1211 High Hollow				M M / D D / Y Y Y Y 06 02 2017
	City	State		Zip Code	Transaction ID : A2017-1107971
	Mechanicsburg	PA		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual)	Oco	cupat	ion (for Individual)	Memo Item
	Select Medical Corporation	Re	giona	al President (Ex)	
	Receipt For:	Aggregate	e Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		-7	1269.29]
В.	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full (Orgar	nization Name	Date of Receipt
	Mailing Address 1211 High Hollow				06 16 2017
	City	State		Zip Code	Transaction ID : A2017-1211965
	Mechanicsburg	PA		17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) al President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 1384.68]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Davis, Brian, E, Mr.,	l) or Full (Orgar	nization Name	Date of Receipt
	Mailing Address 1211 High Hollow				M M / D D / Y Y Y Y 06 30 2017
	City Mechanicsburg	State PA		Zip Code 17050	Transaction ID : A2017-1328688
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item
	Select Medical Corporation	Reg	giona	l President (Ex)	
	Receipt For:	Aggregate	e Yea	r-to-Date ▼	
	Other (specify)		-	1500.07]
s	UBTOTAL of Receipts This Page (optional)			•	346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 OF 350 (check only one) Image: Check							
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C									
А.	Full Name of Individual (Last, First, Middle Ini Davis, Lora, A, Mrs.,	tial) or Full C	rganization Name	Date of Receipt							
	Mailing Address 3022 Eagle Point Way			01 27 2017							
	City	State	Zip Code	Transaction ID : A2017-56402							
	Tallahassee	FL	32312	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Select Medical Corporation		ninistrator (Ex)								
	Receipt For:		Year-to-Date ▼	—							
	Primary General	Aggregate	Tear-to-Date	-							
	Other (specify)		230.78								
_	Full Name of Individual (Last, First, Middle Ini	rganization Name									
В.	Davis, Lora, A, Mrs.,			Date of Receipt							
	Mailing Address 3022 Eagle Point Way			02 / D D / Y Y Y Y 10 2017							
	City	State	Zip Code	Transaction ID : A2017-139479							
	Tallahassee	FL	32312	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		346.17]							
с.	Full Name of Individual (Last, First, Middle Init Davis, Lora, A, Mrs.,	tial) or Full C	rganization Name	Date of Receipt							
	Mailing Address 3022 Eagle Point Way			02 24 2017							
	City	State	Zip Code	Transaction ID : A2017-252931							
	Tallahassee	FL	32312	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	С		115.39							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	Select Medical Corporation		ninistrator (Ex)								
	Receipt For:	1	Year-to-Date ▼	—							
	Primary General	Aggregate	Tear-to-Date	-							
	Other (specify)		461.56								
s	UBTOTAL of Receipts This Page (optional)			346.17							

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TOTAL This Period (last page this line number only)	1	-	7		7	_	- 1975	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page		2 OF 350 12 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Davis, Lora, A, Mrs.,	al) or Full C)rga	nization Name	Date of Receipt	
	Mailing Address 3022 Eagle Point Way				03 / D D / Y Y 03 10 20	17 17
	City	State		Zip Code	Transaction ID : A2017-31732	5
	Tallahassee	FL		32312	Amount of Each Receipt this Pe	riod
	FEC ID number of contributing federal political committee.	С				115.39
	Name of Employer (for Individual)		•	tion (for Individual)	Memo Item	
	Select Medical Corporation Receipt For:			strator (Ex)	_	
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 576.95		
В.	Full Name of Individual (Last, First, Middle Initia Davis, Lora, A, Mrs.,	al) or Full C	rga	nization Name	Date of Receipt	
	Mailing Address 3022 Eagle Point Way				03 24 201	
	City Tallahassee	State FL		Zip Code 32312	Transaction ID : A2017-46158 Amount of Each Receipt this Pe	
	FEC ID number of contributing federal political committee.	С				115.39
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator (Ex)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 692.34		
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Davis, Lora, A, Mrs.,	al) or Full C	rga	nization Name	Date of Receipt	
	Mailing Address 3022 Eagle Point Way				04 07 201	
	City Tallahassee	State FL		Zip Code 32312	Transaction ID : A2017-52143	
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Pe	115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) trator (Ex)	Memo Item	
	Receipt For:			ar-to-Date ▼		
	Primary General Other (specify)		100	807.73		
s	UBTOTAL of Receipts This Page (optional)					346.17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 93 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) Image: 11a 11b 11c 12
	y information copied from such Reports and S for commercial purposes, other than using the			13 14 15 16 17 rerson for the purpose of soliciting contributions e to solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Ini Davis, Lora, A, Mrs.,	tial) or Full O	organization Name	Date of Receipt
	Mailing Address 3022 Eagle Point Way			04 / D D / Y Y Y Y Y 21 2017
	City	State FL	Zip Code	Transaction ID : A2017-682817
	Tallahassee		32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Adm	ninistrator (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) v		923.12	
B.	Full Name of Individual (Last, First, Middle Ini Davis, Lora, A, Mrs.,	tial) or Full O	organization Name	Date of Receipt
	Mailing Address 3022 Eagle Point Way			05 05 2017
	City	State	Zip Code	Transaction ID : A2017-737886
	Tallahassee	FL	32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1038.51	1
<u> </u>	Full Name of Individual (Last, First, Middle Ini Davis, Lora, A, Mrs.,	tial) or Full O	organization Name	Date of Receipt
•	Mailing Address 3022 Eagle Point Way			05 19 2017
	City	State	Zip Code	Transaction ID : A2017-1074100
	Tallahassee	FL	32312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)	<u> </u>	1153.90	1
				200.47

L	SUBTOTAL of Receipts This Page (optional)									04	0.17	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate s for each catego Detailed Summ	chedule(s) ry of the	FOR LINE NUMBER: PAGE 94 OF 350 (check only one) Image: state st
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Davis, Lora, A, Mrs., Mailing Address 3022 Eagle Point Way	al) or Full C	Organization Name		Date of Receipt
	City	State	Zip Code		06 02 2017 Transaction ID : A2017-1107999
	Tallahassee	FL	32312		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individ ninistrator (Ex)	ual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	1269.29	
в.	Full Name of Individual (Last, First, Middle Initia Davis, Lora, A, Mrs.,	al) or Full C	organization Name		Date of Receipt
	Mailing Address 3022 Eagle Point Way				06 / D D / Y Y Y Y 2017
	City Tallahassee	State FL	Zip Code 32312		Transaction ID : A2017-1211992 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individ ninistrator (Ex)	ual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1384.68	
с.	Full Name of Individual (Last, First, Middle Initia Davis, Lora, A, Mrs.,	al) or Full C	organization Name		Date of Receipt
	Mailing Address 3022 Eagle Point Way	State	Zip Code		06 / 30 / 2017
	City Tallahassee	FL	32312		Transaction ID : A2017-1328715 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individ ninistrator (Ex)	ual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻		
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s	UBTOTAL of Receipts This Page (optional)				346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fc	lse separate schedule(s) or each category of the retailed Summary Page	FOR LINE NUMBER: PAGE 95 OF 35 (check only one) Image: state sta
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	l) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane				01 / Y Y Y Y 01 27 2017
	City	State		Zip Code	Transaction ID : A2017-56476
	Harrisburg	PA		17111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 230.78]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	l) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane				02 10 / Y Y Y Y 2017
	City Harrisburg	State PA		Zip Code 17111	Transaction ID : A2017-139412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 346.17]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	l) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane				02 / D D / Y Y Y Y 02 24 2017
	City Harrisburg	State PA		Zip Code 17111	Transaction ID : A2017-252887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident (Ex)	Memo Item
	Receipt For:	1		r-to-Date ▼	
	Primary General Other (specify)		7	461.56	1
s	UBTOTAL of Receipts This Page (optional)				346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 OF 350 (check only one) I1a 11b 11c 12 I13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane			03 / D D / Y Y Y Y 03 10 2017
	City Harrisburg	State PA	Zip Code 17111	Transaction ID : A2017-317344 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]
в.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane			03 / D D / Y Y Y Y 24 2017
	City Harrisburg	State PA	Zip Code 17111	Transaction ID : A2017-461647 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]
с.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane			04 07 Y Y Y Y Y 04 07 2017
	City Harrisburg	State PA	Zip Code 17111	Transaction ID : A2017-521390 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73]
s	UBTOTAL of Receipts This Page (optional)			346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 OF 350 (check only one) I1a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C		
Full Name of Individual (Last, First, Middle A. Dean, Stefanie, A, Mrs.,	Initial) or Full (Drganization Name	Date of Receipt
Mailing Address 6421 Farmcrest Lane	01-1-2		04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Harrisburg	State PA	Zip Code 17111	Transaction ID : A2017-682769 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual)		cupation (for Individual)	Memo Item
Select Medical Corporation	Vic	e President (Ex)	
Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 923.12	
B. Dean, Stefanie, A, Mrs., Mailing Address 6421 Farmcrest Lane City Harrisburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle	Aggregate	Zip Code 17111 Cupation (for Individual) ≈ President (Ex) ⇒ Year-to-Date ▼ 1038.51 Drganization Name	Date of Receipt
C. Dean, Stefanie, A, Mrs., Mailing Address 6421 Farmcrest Lane	State	Zip Code	Date of Receipt
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1153.90	

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 OF 350 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane			06 02 Y Y Y Y 2017
	City	State	Zip Code	Transaction ID : A2017-1107952
	Harrisburg	PA	17111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1269.29	
В.	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane			06 16 2017
	City	State	Zip Code	Transaction ID : A2017-1212044
	Harrisburg	PA	17111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1384.68	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Dean, Stefanie, A, Mrs.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 6421 Farmcrest Lane			M M / D D / Y Y Y Y 06 30 2017
	City Harrisburg	State PA	Zip Code 17111	Transaction ID : A2017-1328669 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	1	e Year-to-Date ▼	-
	Primary General Other (specify)	Aggregate	1500.07	
s	UBTOTAL of Receipts This Page (optional)			346.17

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 700 Trombley			01 27 Y Y Y Y 01 27 2017
	City	State	Zip Code	Transaction ID : A2017-56435
	Grosse Pointe Park	MI	48230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		230.78]
В.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 700 Trombley			02 10 2017
	City Grosse Pointe Park	State MI	Zip Code 48230	Transaction ID : A2017-139498 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 346.17	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 700 Trombley			M M / D D / Y Y Y Y 02 24 2017
	City Grosse Pointe Park	State MI	Zip Code 48230	Transaction ID : A2017-252951 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify)		461.56]
s	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 OF 350 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 700 Trombley			03 10 / Y Y Y Y 2017
	City Grosse Pointe Park	State MI	Zip Code 48230	Transaction ID : A2017-317352
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95	
В.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs., Mailing Address 700 Trombley	al) or Full C	Organization Name	Date of Receipt
	City Grosse Pointe Park FEC ID number of contributing federal political committee.	State MI	Zip Code 48230	03 24 2017 Transaction ID : A2017-461605 Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 700 Trombley			04 07 2017
	City Grosse Pointe Park	State MI	Zip Code 48230	Transaction ID : A2017-521458 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 807.73]
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 101 OF

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	_							
			13	14	15	16	17							
Any information copied from such Reports a or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
Select Medical Corporation F	PAC													
Full Name of Individual (Last, First, Middl Deemer, Miriam, R, Mrs.,	e Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 700 Trombley			04 / D D / Y Y Y Y Y 2017											
City	State MI	Zip Code	Transa	action ID :	A2017-6	82841								
Grosse Pointe Park		48230	Amount	of Each R	eceipt th	is Period								
FEC ID number of contributing federal political committee.	С					115.	39							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Me	emo Item										
Receipt For:		Year-to-Date ▼												
Primary General	Aggregate													
Other (specify) V		923.12												
Full Name of Individual (Last, First, Middl B. Deemer, Miriam, R, Mrs.,	e Initial) or Full C	Organization Name	Date of	Receipt										
Mailing Address 700 Trombley	05													
City	State	Zip Code	Transa	action ID :	A2017-7:	37910								
Grosse Pointe Park	MI	48230		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			115.39										
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Me	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51												
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Full Name of Individual (Last, First, Middl C. Deemer, Miriam, R, Mrs.,	e Initial) or Full C	organization Name	Date of	Receipt										
Mailing Address 700 Trombley			05	/ D D 19	JL	2017 [°]	Y							
City Grosse Pointe Park	State MI	Zip Code 48230		action ID :	-									
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FEC ID number of contributing federal political committee.	C				9	115.	39							
Name of Employer (for Individual)	Occ	upation (for Individual)	Me	emo Item										
Select Medical Corporation		ninistrator (Ex)												
Receipt For:	Aggregate													
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Other (specify)														
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 OF 350 (check only one) # 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 700 Trombley				M M / D D / Y Y Y Y 06 02 2017					
	City	State		Zip Code	Transaction ID : A2017-1108016					
	Grosse Pointe Park	MI		48230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) trator (Ex)	Memo Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼						
	Other (specify) ▼		-9-	1269.29						
В.	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 700 Trombley				06 / D D / Y Y Y Y 06 16 2017					
	City Grosse Pointe Park	State MI		Zip Code 48230	Transaction ID : A2017-1211919 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Administrator (Ex)			115.39					
	Name of Employer (for Individual) Select Medical Corporation				Memo Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼ 1384.68						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Deemer, Miriam, R, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 700 Trombley				06 / D D / Y Y Y Y Y 06 30 2017					
	City Crosse Beinte Berk	State MI		Zip Code	Transaction ID : A2017-1328740					
	Grosse Pointe Park			48230	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) irator (Ex)	Memo Item					
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	Primary General Other (specify)		-	1500.07						
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 OF 350 (check only one) Image: state stat							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C									
A.	Full Name of Individual (Last, First, Middle Ini DeGumbia, David, J, Mr.,	tial) or Full O	organization Name	Date of Receipt							
	Mailing Address 383 Pattonwood Dr			01 / Y Y Y Y Y 01 27 2017							
	City Southington	State CT	Zip Code 06489	Transaction ID : A2017-56398 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78]							
В.	Full Name of Individual (Last, First, Middle Ini DeGumbia, David, J, Mr.,	tial) or Full O	Prganization Name	Date of Receipt							
	Mailing Address 383 Pattonwood Dr			02 10 2017							
	City	State	Zip Code	Transaction ID : A2017-139475							
	Southington	СТ	06489	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) ▼		346.17]							
c.	Full Name of Individual (Last, First, Middle Ini DeGumbia, David, J, Mr.,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 383 Pattonwood Dr			02 / D D / Y Y Y Y Y 24 2017							
	City Southington	State CT	Zip Code 06489	Transaction ID : A2017-252926 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item							
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.56]							

SUBTOTAL of Receipts This Page (optional)						34	46.17	7
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TOTAL This Period (last page this line number only)	_	 -	 	-			- 10	_

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		FOR LINE NUMBER: PAGE 104 OF 350 (check only one) 11a 11a 11b						
	y information copied from such Reports and Sta for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
<u>А.</u>	Full Name of Individual (Last, First, Middle Initi DeGumbia, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 383 Pattonwood Dr			03 / D D / Y Y Y Y 03 10 2017					
	City Southington	State CT	Zip Code 06489	Transaction ID : A2017-317320 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]					
В.	Full Name of Individual (Last, First, Middle Initi DeGumbia, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 383 Pattonwood Dr			03 / D D / Y Y Y Y Y 03 24 2017					
	City Southington	State CT	Zip Code 06489	Transaction ID : A2017-461576 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hior Vice President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi DeGumbia, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 383 Pattonwood Dr			04 07 2017					
	City Southington	State CT	Zip Code 06489	Transaction ID : A2017-521429 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item					
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 807.73]					
s	UBTOTAL of Receipts This Page (optional)			346.17					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 OF 350 (check only one) ************************************						
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;								
Α.	Full Name of Individual (Last, First, Middle Initi DeGumbia, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 383 Pattonwood Dr			04 / D D / Y Y Y Y 21 2017						
	City	State CT	Zip Code	Transaction ID : A2017-682812						
	Southington		06489	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nor Vice President (Ex)	Memo Item						
	Receipt For:	Angregate	Year-to-Date V	_						
	Primary General Other (specify) ▼		923.12	1						
В.	Full Name of Individual (Last, First, Middle Initi DeGumbia, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt						
υ.	Mailing Address 383 Pattonwood Dr			05 05 2017						
	City	State	Zip Code	Transaction ID : A2017-737882						
	Southington	СТ	06489	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39 Memo Item						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President (Ex)							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51]						
<u> </u>	Full Name of Individual (Last, First, Middle Initi DeGumbia, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 383 Pattonwood Dr			05 19 2017						
	City	State	Zip Code	Transaction ID : A2017-1074096						
	Southington	СТ	06489	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	Select Medical Corporation	Sen	ior Vice President (Ex)							
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)		1153.90]						
s	UBTOTAL of Receipts This Page (optional)			346.17						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 OF 350 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 383 Pattonwood Dr			06 02 Y Y Y Y 2017
	City	State	Zip Code	Transaction ID : A2017-1107995
	Southington	СТ	06489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Select Medical Corporation	Ser	nior Vice President (Ex)	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1269.29	
в.	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 383 Pattonwood Dr			06 / Y Y Y Y 06 16 2017
	City Southington	State CT	Zip Code 06489	Transaction ID : A2017-1211989 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1384.68	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia DeGumbia, David, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 383 Pattonwood Dr			06 / D D / Y Y Y Y 2017
	City	State CT	Zip Code	Transaction ID : A2017-1328712
	Southington		06489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President (Ex)	Memo Item
	Receipt For:	Aggregate	e Year-to-Date V	7
	Primary General Other (specify)		1500.07	
s	UBTOTAL of Receipts This Page (optional)		•	346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 OF 350 (check only one) I1a 11a 11b 11c 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initial DiLullo, Robert, , Mr.,) or Full O	rganization Name	Date of Receipt
	Mailing Address 860 Beachwood Road			03 17 2017
	City Havertown	State PA	Zip Code 19083	Transaction ID : A2017-438030 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President of Operations (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]
–	Full Name of Individual (Last, First, Middle Initial DiLullo, Robert, , Mr.,) or Full O	rganization Name	Date of Receipt
υ.	Mailing Address 860 Beachwood Road			03 31 2017
	City Havertown	State PA	Zip Code 19083	Transaction ID : A2017-510010 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations (Ex)	Memo Item
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<u> </u>	Full Name of Individual (Last, First, Middle Initial DiLullo, Robert, , Mr.,) or Full O	rganization Name	Date of Receipt
	Mailing Address 860 Beachwood Road			M M / D D / Y Y Y Y 04 14 2017
	City Havertown	State PA	Zip Code 19083	Transaction ID : A2017-666203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President of Operations (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.76]
	IBTOTAL of Receipts This Page (optional)			115.41

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	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia DiLullo, Robert, , Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 860 Beachwood Road			04 / D D / Y Y Y Y Y 28 2017						
	City Havertown	State PA	Zip Code 19083	Transaction ID : A2017-737956 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.47						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations (Ex)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)	L	346.23							
в.	Full Name of Individual (Last, First, Middle Initia DiLullo, Robert, , Mr.,	al) or Full C	organization Name	Date of Receipt						
	Mailing Address 860 Beachwood Road			05 / D D / Y Y Y Y 2017						
	City Havertown	State PA	Zip Code 19083	Transaction ID : A2017-989695 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.47						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations (Ex)	Memo Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1						
	Other (specify) ▼	L	384.70	1						
C.	Full Name of Individual (Last, First, Middle Initia DiLullo, Robert, , Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 860 Beachwood Road	State	Zip Code	05 / 26 / 2017 Transaction ID : A2017-1128604						
	Havertown	PA	19083	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.47						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President of Operations (Ex)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		423.17]						
s	UBTOTAL of Receipts This Page (optional)			115.41						

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Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations (Ex) Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C Dishner, Kerry, , , Mailing Address 1667 K Street NW Suite 1050 City Washington Date of Receipt FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Memo Item Aggregate Year-to-Date ▼ Memo Item 115.39		8	C		38.47
Select Medical Corporation Vice President of Operations (Ex) Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Bailing Address 1667 K Street NW Date of Receipt Suite 1050 State City State Washington DC FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Occupation (for Individual) Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ 230.78 City 230.78		federal political committee.	U		
Primary General Other (specify) General Other (specify) State Suite 1050 State City State Washington DC FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼		Name of Employer (for Individual) Select Medical Corporation			Memo Item
Primary General Other (specify) ▼ 500,11 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Dishner, Kerry, , , Mailing Address 1667 K Street NW Date of Receipt Suite 1050 State Zip Code City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼		Receipt For:	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Dishner, Kerry, , , Date of Receipt Mailing Address 1667 K Street NW Suite 1050 City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Executive Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 230.78		Primary General			1
C. Dishner, Kerry, , , Date of Receipt Mailing Address 1667 K Street NW Suite 1050 City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C Intervention Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Select Medical Corporation Aggregate Year-to-Date ▼ Memo Item Primary General 230.78 Alter of Security		Other (specify)	L	500.11	
Mailing Address 1667 K Street NW Suite 1050 State Zip Code City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee. C 115.39 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Aggregate Year-to-Date Memo Item Primary General 230.78 102.32	С.		al) or Full C	Organization Name	Date of Receipt
City State Zip Code Transaction ID : A2017-56433 Washington DC 20006 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 115.39 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Executive Memo Item Receipt For: Aggregate Year-to-Date ▼ 230.78		Mailing Address 1667 K Street NW			
FEC ID number of contributing federal political committee. C 115.39 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.78			State	Zip Code	Transaction ID : A2017-56433
federal political committee. Image: Committee. Image: Committee. Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.78		Washington	DC	20006	Amount of Each Receipt this Period
Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼ Other (specify) 230.78		5	С		115.39
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.78				· · · · · · ·	Memo Item
Primary General Other (specify) General		· · · · · · · · · · · · · · · · · · ·			
Other (specify)			Aggregate	Year-to-Date V	_
				230.78	
SUBTOTAL of Receipts This Page (optional)			<u></u>	Age	4
SUBTOTAL of Receipts This Page (optional)					
	s	UBTOTAL of Receipts This Page (optional)			192.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 OF 350 (check only one) 311a 11a 11b 13 14
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C		
Full Name of Individual (Last, First, Middle Dishner, Kerry, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			02 / D D / Y Y Y Y Y 10 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-139495
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	
Full Name of Individual (Last, First, Middle B. Dishner, Kerry, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			02 / D D / Y Y Y Y 02 24 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-252948 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56	
Full Name of Individual (Last, First, Middle C. Dishner, Kerry, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			M M / D D / Y
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-317349
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95	
SUBTOTAL of Receipts This Page (optional).			346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 OF 350 (check only one) ¥ 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Select Medical Corporation Pr	the name and a	ay not be sold or used by any p	13 14 15 16 17 berson for the purpose of soliciting contributions et to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle A. Dishner, Kerry, , ,		Drganization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050 City	State	Zip Code	03 / 24 / 2017 Transaction ID : A2017-461602
Washington	DC	20006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 692.34]
B. Full Name of Individual (Last, First, Middle B. Dishner, Kerry, , , Mailing Address 1667 K Street NW	Initial) or Full (Drganization Name	Date of Receipt
City	State	Zip Code	04 07 2017 Transaction ID : A2017-521455
Washington FEC ID number of contributing federal political committee.	C	20006	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 807.73]
Full Name of Individual (Last, First, Middle C. Dishner, Kerry, , ,	Initial) or Full (Drganization Name	Date of Receipt
Mailing Address 1667 K Street NW <u>Suite 1050</u> City	State	Zip Code	04 / 21 / 2017 Transaction ID : A2017-682838
Washington	DC	20006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
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Aggregate Year-to-Date ▼

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle Ir A. Dishner, Kerry, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050	State	Zin Codo	05 / 05 / 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-737907
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51]
Full Name of Individual (Last, First, Middle Ir B. Dishner, Kerry, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050	01-1-	7	05 / 19 / Y Y Y Y 05 19
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1073982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90	
Full Name of Individual (Last, First, Middle Ir C. Dishner, Kerry, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			M M / D D / Y Y Y Y 06 / 02 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1108013
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1269.29]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 OF 350 (check only one) X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	Select Medical Corporation PA			
Α.	Full Name of Individual (Last, First, Middle In Dishner, Kerry, , ,	itial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			06 / D D / Y Y Y Y 06 16 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1212014
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:		ecutive Year-to-Date ▼	
	Other (specify) ▼		1384.68	
В.	Full Name of Individual (Last, First, Middle In Dishner, Kerry, , ,	itial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			06 30 2017
	City	State	Zip Code	Transaction ID : A2017-1328737
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V		1500.07	
c.	Full Name of Individual (Last, First, Middle In Driscoll, Philip, J, Mr.,	itial) or Full C	Organization Name	Date of Receipt
	Mailing Address 38 Van Doren Way			06 02 2017
	City	State NJ	Zip Code	Transaction ID : A2017-1107976
	Belle Mead	INJ	08502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For: Primary General	I	ninistrator (Ex) Year-to-Date ▼	
	Other (specify)		211.64	

SUBTOTAL of Receipts This Page (optional)			9		9	25	0.02	_	
TOTAL This Period (last page this line number only)	E		-						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 OF 350 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
 Full Name of Individual (Last, First, Middle Initial) A. Driscoll, Philip, J, Mr., Mailing Address 38 Van Doren Way 	or Full Organization Name	Date of Receipt
City	State Zip Code	06 16 2017 Transaction ID : A2017-1211970
Belle Mead	NJ 08502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occupation (for Individual) Administrator (Ex) ggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	230.88	1
Full Name of Individual (Last, First, Middle Initial) B. Driscoll, Philip, J, Mr.,	or Full Organization Name	Date of Receipt
Mailing Address 38 Van Doren Way		06 / Y Y Y Y Y 06 30 2017
City Belle Mead	State Zip Code NJ 08502	Transaction ID : A2017-1328693
FEC ID number of contributing	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator (Ex)	Memo Item
Receipt For: A Primary General Other (specify) ▼	vggregate Year-to-Date ▼ 250.12]
Full Name of Individual (Last, First, Middle Initial) C. Duggan, John, F, Mr.,	or Full Organization Name	Date of Receipt
Mailing Address 1764 North Meadow Drive		01 09 / Y Y Y Y 2017
City Mechanicsburg	State Zip Code PA 17055	Transaction ID : A2017-13793 Amount of Each Receipt this Period
EEC ID number of contributing	C	
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President (Ex)	Memo Item
Receipt For: A Primary General Other (specify)	uggregate Year-to-Date ▼ 5000.00	1
SUBTOTAL of Receipts This Page (optional)		5038.48

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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and Stat or commercial purposes, other than using the n			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	IAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
	ull Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	l) or Full O	organization Name	Date of Receipt
_	Aailing Address 2772 Irene Circle			01 27 2017
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2017-56472 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
5	lame of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78]
	ull Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	l) or Full O	organization Name	Date of Receipt
_	Aailing Address 2772 Irene Circle			02 10 / Y Y Y Y 2017
	Dity Roseville	State MN	Zip Code 55113	Transaction ID : A2017-139468 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17]
	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	l) or Full O	Prganization Name	Date of Receipt
Ν	Aailing Address 2772 Irene Circle			02 / 24 / 2017
	Sity Roseville	State MN	Zip Code 55113	Transaction ID : A2017-252883 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
5	Jame of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.56]
su	BTOTAL of Receipts This Page (optional)			346.17

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

S	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 116 OF 350
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
				y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	ll) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2772 Irene Circle			03 / D D / Y Y Y Y 03 10 2017
	City	State	Zip Code	Transaction ID : A2017-317282
	Roseville	MN	55113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		576.95	
В.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2772 Irene Circle			03 24 2017
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2017-461643 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)	L	, 692.34	
C.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 2772 Irene Circle	Otata	Zin Code	
	City Roseville	State MN	Zip Code 55113	Transaction ID : A2017-521386
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:	1	e President (Ex)	
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 807.73	
s	UBTOTAL of Receipts This Page (optional)			346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separa for each ca Detailed Si
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PAGE 117 OF

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		each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC		
 Full Name of Individual (Last, First, Mide Engelhardt, David, D, Mr., Mailing Address 2772 Irene Circle 	le Initial) or Full Organiza	tion Name	Date of Receipt
City	State Zit	o Code	04 21 2017 Transaction ID : A2017-682765
Roseville	· · ·	55113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation Vice Presid	(for Individual) lent (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 923.12	
Full Name of Individual (Last, First, Mide B. Engelhardt, David, D, Mr., Mailing Address 2772 Irene Circle	le Initial) or Full Organiza	tion Name	Date of Receipt
			05 05 2017
City Roseville		o Code 5113	Transaction ID : A2017-737835 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation Vice Presic	(for Individual) lent (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 1038.51	
Full Name of Individual (Last, First, Mide C. Engelhardt, David, D, Mr.,	le Initial) or Full Organiza	tion Name	Date of Receipt
Mailing Address 2772 Irene Circle			05 / D D / Y Y Y Y 05 19 2017
City Roseville		o Code 5113	Transaction ID : A2017-1074049 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation Vice Preside	(for Individual) ent (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to	-Date ▼ 1153.90	
SUBTOTAL of Receipts This Page (option	al)	•	346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	al) or Full C	orga	nization Name	Date of Receipt
	Mailing Address 2772 Irene Circle	State		Zip Code	06 02 2017 Transaction ID : A2017-1107948
	Roseville	MN		55113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1269.29	
в.	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	al) or Full C	orga	nization Name	Date of Receipt
	Mailing Address 2772 Irene Circle			1	06 / D D / Y Y Y Y 2017
	City Roseville	State MN		Zip Code 55113	Transaction ID : A2017-1212040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1384.68	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Engelhardt, David, D, Mr.,	al) or Full C	rga	nization Name	Date of Receipt
	Mailing Address 2772 Irene Circle	Ctata		Zip Code	
	City Roseville	State MN		55113	Transaction ID : A2017-1328665 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident (Ex)	Memo Item
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	
	Primary General Other (specify)		-	1500.07	
s	UBTOTAL of Receipts This Page (optional)				346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle Ini A. Ewing, Chandler, A, Mr.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 102 Wildwood Drive			03 / D D / Y Y Y Y 03 07 2017
City Madison	State MS	Zip Code 39110	Transaction ID : A2017-306749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 1000.00	Memo Item
Full Name of Individual (Last, First, Middle Ini B. Farley, Kyle, L, Mr., Mailing Address 13316 E 93rd ST	itial) or Full C	Organization Name	Date of Receipt
City Kansas City FEC ID number of contributing federal political committee.	State MO	Zip Code 64138	03 24 2017 Transaction ID : A2017-461575 Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]
Full Name of Individual (Last, First, Middle Ini C. Farley, Kyle, L, Mr.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 13316 E 93rd ST	01-1-	7.0.1	04 / 07 / Y Y Y Y 04 07 2017
City Kansas City	State MO	Zip Code 64138	Transaction ID : A2017-521428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 269.29	Memo Item
SUBTOTAL of Receipts This Page (optional)			1076.94

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 OF 350 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Farley, Kyle, L, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 13316 E 93rd ST	State	Zip Code	04 21 2017 Transaction ID : A2017-682811
	Kansas City	MO	64138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	e President (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76	
в.	Full Name of Individual (Last, First, Middle Initi Farley, Kyle, L, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 13316 E 93rd ST			05 / Y Y Y Y 05 / 2017
	City Kansas City	State MO	Zip Code 64138	Transaction ID : A2017-737881 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23	
— с.	Full Name of Individual (Last, First, Middle Initi Farley, Kyle, L, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 13316 E 93rd ST			05 / ¹ 2017
	City Kansas City	State MO	Zip Code 64138	Transaction ID : A2017-1074095 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.70	
s	UBTOTAL of Receipts This Page (optional)			115.41

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)									
Α.	Full Name of Individual (Last, First, Middle Init Farley, Kyle, L, Mr.,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 13316 E 93rd ST			06 / D D / Y Y Y Y 2017							
	City Kansas City	State MO	Zip Code 64138	Transaction ID : A2017-1107994 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 423.17]							
в.	Full Name of Individual (Last, First, Middle Ini Farley, Kyle, L, Mr.,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 13316 E 93rd ST			06 16 / Y Y Y Y Y 06 16 2017							
	City Kansas City	State MO	Zip Code 64138	Transaction ID : A2017-1211988 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item							
	Receipt For: Primary General		Year-to-Date V								
	Other (specify) ▼		461.64								
с.	Full Name of Individual (Last, First, Middle Ini Farley, Kyle, L, Mr.,	tial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 13316 E 93rd ST			06 / D D / Y Y Y Y Y 06 30 2017							
	City Kansas City	State MO	Zip Code 64138	Transaction ID : A2017-1328711 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.11								
Г				115 41							

	SUBTOTAL of Receipts This Page (optional)		L	-	_	y	_	-	y	_	5.41	
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	TOTAL This Period (last page this line number only)					-			- 10-		 -	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 OF 350 (check only one) Image: Compare the second s
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Felps, Kathy, A, Ms., Mailing Address 85115 Hwy 450	al) or Full C	organization Name	Date of Receipt
	City Franklinton	State	Zip Code 70438	06 30 2017 Transaction ID : A2017-1328611
	FEC ID number of contributing federal political committee.	C	10430	Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		211.64]
	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 3811 Glen Arbor Ct NE			03 24 2017
	City Brookhaven	State GA	Zip Code 30319	Transaction ID : A2017-461685 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3811 Glen Arbor Ct NE			04 / D D / Y Y Y Y 04 07 2017
	City Brookhaven	State GA	Zip Code 30319	Transaction ID : A2017-521400 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 269.29	1
s	UBTOTAL of Receipts This Page (optional)			96.18

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

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 123 OF 350									
т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)									
			Detailed Summary Page	X 11a 11b 11c 12									
				13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Z	Table Manager of the distributed of a set official and shall a local												
Α.	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, ,	ai) or fuii C	rganization Name	Date of Receipt									
	Mailing Address 3811 Glen Arbor Ct NE	1-		04 / D D / Y Y Y Y Y 04 21 2017									
	City	State GA	Zip Code	Transaction ID : A2017-682779									
	Brookhaven	GA	30319	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item									
	Receipt For:												
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) V		307.76										
В.	Full Name of Individual (Last, First, Middle Initia Fenn, Jeffrey, R, ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 3811 Glen Arbor Ct NE												
				05 05 2017									
	City	State	Zip Code	Transaction ID : A2017-737849									
	Brookhaven	GA	30319	Amount of Each Receipt this Period									
	FEC ID number of contributing	С		38.47									
	federal political committee.	U		30.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item									
	Receipt For:		Year-to-Date ▼										
	Primary General	Aggregate											
	Other (specify) ▼	L	346.23	1									
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name										
C.	Fenn, Jeffrey, R, ,			Date of Receipt									
	Mailing Address 3811 Glen Arbor Ct NE			M M / D D / Y Y Y Y 05 19 2017									
	City Brookhaven	State GA	Zip Code 30319	Transaction ID : A2017-1074063									
			30319	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.47									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item									
	Receipt For:		Year-to-Date ▼	-									
	Primary General	, iggi cgule											
	Other (specify)	L	384.70	1									
ß	UBTOTAL of Receipts This Page (optional)			115.41									
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 124 OF 350								
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)								
			Detailed Summary Page	X 11a 11b 11c 12								
				13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;										
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Proanization Name									
Α.	Fenn, Jeffrey, R, ,			Date of Receipt								
	Mailing Address 3811 Glen Arbor Ct NE			06 02 2017								
	City	State	Zip Code	Transaction ID : A2017-1107962								
	Brookhaven	GA	30319	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	Select Medical Corporation	Adn	ninistrator EX									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		423.17									
— R	Full Name of Individual (Last, First, Middle Initi Fenn, Jeffrey, R, ,	al) or Full C	Organization Name	Date of Receipt								
υ.	Mailing Address 3811 Glen Arbor Ct NE											
	Maning Harloss 3811 Glen Albor Cline			06 16 2017								
	City	State	Zip Code	Transaction ID : A2017-1211911								
	Brookhaven	GA	30319	Amount of Each Receipt this Period								
	FEC ID number of contributing	С		38.47								
	federal political committee.	U		30.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ministrator EX	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General	1.99.094.0		-								
	Other (specify)	L	461.64									
с.	Full Name of Individual (Last, First, Middle Initi Fenn, Jeffrey, R, ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 3811 Glen Arbor Ct NE			M M / D D / Y Y Y Y 06 30 2017								
	City	State	Zip Code	Transaction ID : A2017-1328679								
	Brookhaven	GA	30319	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		38.47								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item								
	Receipt For:		Year-to-Date V									
	Primary General	, iggi ogulo										
	Other (specify)	L	500.11									
	UBTOTAL of Receipts This Page (optional)			115.41								
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sc	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 125 OF 350
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
<u> </u>				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A.	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 24 Strayer Drive			06 / Y Y Y Y 06 02 2017
	City Carlisle	State PA	Zip Code 17013	Transaction ID : A2017-1107929 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date V	1
	Other (specify)		211.64	
	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 24 Strayer Drive			06 / D D / Y Y Y Y 06 16 2017
	City Carlisle	State PA	Zip Code 17013	Transaction ID : A2017-1212021 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date V	1
	Other (specify) V	L	230.88	
С.	Full Name of Individual (Last, First, Middle Initia Finkbeiner, Paul, G, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 24 Strayer Drive			06 / D D / Y Y Y Y 06 / 30 / 2017
	City Carlisle	State PA	Zip Code 17013	Transaction ID : A2017-1328646 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	1	Year-to-Date ▼	_
	Primary General Other (specify)		250.12	
s	JBTOTAL of Receipts This Page (optional)			57.72

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

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 OF 350
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u>к</u>	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 939 Arlington Glen Drive			M M / D D / Y Y Y Y 06 02 2017
	City Fenton	State MO	Zip Code 63026	Transaction ID : A2017-1108012 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Operating Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
в.	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 939 Arlington Glen Drive			06 / D D / Y Y Y Y Y 06 16 2017
	City Fenton	State MO	Zip Code 63026	Transaction ID : A2017-1212005 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ief Operating Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Finnegan, Patti, , Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 939 Arlington Glen Drive			06 30 2017
	City Fenton	State MO	Zip Code 63026	Transaction ID : A2017-1328728 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) ef Operating Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12]
s	UBTOTAL of Receipts This Page (optional)			57.72

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 OF 350 (check only one) 11a 11a 11b 13 14 15 16				
An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
A.	Full Name of Individual (Last, First, Middle In Fischer, Racheal, Z, Mrs., Mailing Address 346 Old Salem Way	itial) or Full C	Organization Name	Date of Receipt				
	City Augusta	State GA	Zip Code 30907	03 24 2017 Transaction ID : A2017-461628 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	CE	upation (for Individual) O/Administrator (Ex) - 001 Year-to-Date ▼ 230.78	Memo Item				
В.	Full Name of Individual (Last, First, Middle In Fischer, Racheal, Z, Mrs., Mailing Address 346 Old Salem Way City Augusta	itial) or Full C	Zip Code 30907	Date of Receipt				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	CE	C/Administrator (Ex) - 001 Year-to-Date ▼ 346.17	Memo Item				
C.	Full Name of Individual (Last, First, Middle In Fischer, Racheal, Z, Mrs., Mailing Address 346 Old Salem Way	tial) or Full C	Organization Name	Date of Receipt				
	City Augusta	State GA	Zip Code 30907	04 21 2017 Transaction ID : A2017-682864 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	CEC	upation (for Individual) D/Administrator (Ex) - 001	Memo Item				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.56	1				

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 OF 350 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Fischer, Racheal, Z, Mrs.,	ll) or Full C	rgar	nization Name	Date of Receipt
	Mailing Address 346 Old Salem Way	1-			05 / D D / Y Y Y Y Y 2017
	City	State GA		Zip Code	Transaction ID : A2017-737933
	Augusta	GA		30907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) Iministrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 576.95	
В.	Full Name of Individual (Last, First, Middle Initia Fischer, Racheal, Z, Mrs.,	ll) or Full C	Orgar	nization Name	Date of Receipt
	Mailing Address 346 Old Salem Way	05 19 2017			
	City Augusta	State GA		Zip Code 30907	Transaction ID : A2017-1074008 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			ion (for Individual) Iministrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 692.34	
с.	Full Name of Individual (Last, First, Middle Initia Gardner, Scott, A, Mr.,	ll) or Full C	rgar	nization Name	Date of Receipt
	Mailing Address 611 Fairground Road				06 / 02 / Y Y Y Y 2017
	City Newport	State PA		Zip Code 17074	Transaction ID : A2017-1108014
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) sident (Ex)	Memo Item
	Receipt For:	1		r-to-Date ▼	-
	Primary General Other (specify)	, iggi egale	7	211.64	
s	UBTOTAL of Receipts This Page (optional)			••••••	250.02

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S	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 129 OF 350
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Gardner, Scott, A, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 611 Fairground Road	M M / D D / Y Y Y Y Y 06 16 2017		
	City Newport	State PA	Zip Code 17074	Transaction ID : A2017-1211917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88]
в.	Full Name of Individual (Last, First, Middle Initia Gardner, Scott, A, Mr.,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 611 Fairground Road	06 30 2017		
	City Newport	State PA	Zip Code 17074	Transaction ID : A2017-1328738 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
	Full Name of Individual (Last, First, Middle Initia Gasse, Suzanne, D, Ms.,	al) or Full C	organization Name	Date of Receipt
•.	Mailing Address 3903 West Sailboat Drive			05 / 26 / Y Y Y Y
	City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2017-1128608 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President of Operations (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 211.64]
s	UBTOTAL of Receipts This Page (optional)			57.72

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Gasse, Suzanne, D, Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 3903 West Sailboat Drive	1		M M / D D / Y Y Y Y Y 06 09 2017
	City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2017-1146332 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88]
В.	Full Name of Individual (Last, First, Middle Initia Gasse, Suzanne, D, Ms.,	l) or Full C	Organization Name	Date of Receipt
-	Mailing Address 3903 West Sailboat Drive	06 23 2017		
	City Pembroke Pines	State FL	Zip Code 33026	Transaction ID : A2017-1321464 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
	Full Name of Individual (Last, First, Middle Initia Gentry, Cheryl, , Mrs.,	l) or Full C	Organization Name	Date of Receipt
0.	Mailing Address 3840 North Washington Bouleva	ırd		04 07 2017
	City Indianapolis	State IN	Zip Code 46205	Transaction ID : A2017-521372 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.82]
s	UBTOTAL of Receipts This Page (optional)			76.95

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)				NUMBER	11c	E 131 OF	
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements m	l ay not be sold or used by any p address of any political committee	person	for the	purpose of the purpos	15 of soliciting	16 contributio	0ns
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA							T commute	с.
Α.	Full Name of Individual (Last, First, Middle In Gentry, Cheryl, , Mrs.,	itial) or Full (Drganization Name		Date of	f Receipt			
	Mailing Address 3840 North Washington Boule	evard			04	/ D		y 2017	ſ
	City Indianapolis	State IN	Zip Code 46205				: A2017-6 Receipt th		_
	FEC ID number of contributing federal political committee.	C			[.		45-	38.4	7
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)		M	emo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 269.29	1					
в.	Full Name of Individual (Last, First, Middle In Gentry, Cheryl, , Mrs.,	itial) or Full (Drganization Name		Date of	f Receipt			
	Mailing Address 3840 North Washington Boule				^M 05	/ D	5 / Y	2017	
	City Indianapolis	State IN	Zip Code 46205				: A2017-7 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>	-		38.4	7
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)		M	emo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 307.76	1					
С.	Full Name of Individual (Last, First, Middle In Gentry, Cheryl, , Mrs.,	itial) or Full (Drganization Name		Date of	f Receipt			
	Mailing Address 3840 North Washington Bould		7.0.1		05	1	9 / Y	2017	ſ
	City Indianapolis	State IN	Zip Code 46205				: A2017-1 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>	,	,	38.4	7
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)		М	emo Item			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 346.23]					

SUBTOTAL of Receipts This Page (optional)			,		,	1	15.41	_	
TOTAL This Period (last page this line number only)	Г						-		1

	CHEDULE A (FEC Form 3X)			e separate schedule(s)	FOR LINE NUMBER: PAGE 132 OF 350 (check only one)					
IT	EMIZED RECEIPTS			each category of the tailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12					
_					13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
<u>к</u>	Full Name of Individual (Last, First, Middle Initi Gentry, Cheryl, , Mrs.,	al) or Full C	Organiz	ation Name	Date of Receipt					
	Mailing Address 3840 North Washington Boulev	rard			06 / D D / Y Y Y Y Y 06 02 2017					
	City	State	Z	Cip Code	Transaction ID : A2017-1107934					
	Indianapolis	IN		46205	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		·	n (for Individual) ator (Ex)	Memo Item					
	Receipt For:	Aggregate	e Year-t	to-Date 🔻						
	Primary General Other (specify) ▼		-	384.70						
В.	Full Name of Individual (Last, First, Middle Initi Gentry, Cheryl, , Mrs.,	al) or Full C	Organiz	ation Name	Date of Receipt					
	Mailing Address 3840 North Washington Boulev	06 16 2017								
	City	State	Z	lip Code	Transaction ID : A2017-1212026					
	Indianapolis	IN		46205	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ator (Ex)	Memo Item					
	Receipt For:	Aggregate	Year-t	to-Date 🔻						
	Primary General Other (specify) ▼		,	423.17						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Gentry, Cheryl, , Mrs.,	al) or Full C	Organiz	ation Name	Date of Receipt					
	Mailing Address 3840 North Washington Boulev	vard			06 / D D / Y Y Y Y 06 30 2017					
	City Indianapolis	State IN		′ip Code 46205	Transaction ID : A2017-1328651					
	FEC ID number of contributing federal political committee.	C		40203	Amount of Each Receipt this Period 38.47					
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ator (Ex)	Memo Item					
	Receipt For:	Aggregate	Year-t	to-Date V						
	Other (specify)		-	461.64						
s	UBTOTAL of Receipts This Page (optional)				115.41					

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S	CHEDULE A (FEC Form 3X)			lse senarate schedulo(s)	FOR LINE NUMBER: PAGE 133 OF 350 (check only one)					
JΤ	EMIZED RECEIPTS	D RECEIPTS Use separate schedule(s) for each category of the						1		
				Detailed Summary Page	X 11a	11b	11c	12		
					13	14	15	16	17	
	ny information copied from such Reports and Sta for commercial purposes, other than using the									
\square	NAME OF COMMITTEE (In Full)									
	Select Medical Corporation PAC									
V	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drgai	nization Name						
Α.	Gillard, Peter, J, Mr.,				Date of	Receipt				
	Mailing Address 1001 Madera Court				05	/ D D 26) 17	1	
	City	State		Zip Code	Trans	action ID : A	2017-1128	607		
	Allen	TX		75013	Amount	of Each Re	ceipt this F	eriod		
	FEC ID number of contributing federal political committee.	С					- -	19.24		
	Name of Employer (for Individual)	000	upat	tion (for Individual)	Ме	mo Item				
	Select Medical Corporation		•	esident (Ex)						
	Receipt For:			ar-to-Date ▼						
	Primary General	Aggregate	100							
	Other (specify) ▼	L	-	211.64						
D	Full Name of Individual (Last, First, Middle Initia Gillard, Peter, J, Mr.,	al) or Full C	Orgai	nization Name	Data of	Dessint				
в.			Receipt							
	Mailing Address 1001 Madera Court	06	09)17					
	City	State		Zip Code	Transa	action ID : A	2017-1146	331		
	Allen	ТХ		75013	Amount	mount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.						19.24			
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident (Ex)	Me	emo Item				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼						
	Primary General Other (specify) ▼			230.88						
			-j-							
C.	Full Name of Individual (Last, First, Middle Initia Gillard, Peter, J, Mr.,	al) or Full C	Drgai	nization Name	Date of	Receipt				
	Mailing Address 1001 Madera Court				M M M	/ D D 23) 17	1	
	City	State		Zip Code		action ID : A		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Allen	TX		75013		of Each Re				
	FEC ID number of contributing		-						-	
	federal political committee.	С					9	19.24		
	Name of Employer (for Individual)	000		tion (for Individual)	— Me	Memo Item				
	Select Medical Corporation		•	esident (Ex)		-				
	Receipt For:	1		ur-to-Date ▼	-					
	Primary General	Ayyreyale	Tea							
	Other (specify)		-	250.12						
Γ					- 			57.72	-	
18	UBTOTAL of Receipts This Page (optional)			••••••				51.12	- I.	

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50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 134 OF 350 (check only one)				
IT	EMIZED RECEIPTS		for each category of the					
			Detailed Summary Page	X 11a 11b 11c 12				
A.	winformation conied from such Deports and Sta	tomonto m		13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
	Select Medical Corporation PAC							
V	Full Name of Individual (Last, First, Middle Initia	I) or Full C	Proanization Name					
Α.	Gombotz, Mark, , Mr.,	,	J	Date of Receipt				
	Mailing Address 35 Mallard Lane	M = M / D = D / Y = Y = Y = Y						
				05 26 2017				
	City	State CT	Zip Code 06037	Transaction ID : A2017-1128606				
	Kensington		00037	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		19.24				
	federal political committee.							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Select Medical Corporation	Vice	e President of Operations (Ex)					
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General Other (specify) ▼	· · ·	211.64	1				
				1				
	Full Name of Individual (Last, First, Middle Initia	I) or Full C	Proanization Name					
В.	Gombotz, Mark, , Mr.,	,	0	Date of Receipt				
	Mailing Address 35 Mallard Lane	M M / D D / Y Y Y Y						
		06 09 2017						
	City	State	Zip Code	Transaction ID : A2017-1146330				
	Kensington	СТ	06037	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		19.24				
	rederar political committee.							
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item				
	Select Medical Corporation	Vic	e President of Operations (Ex)					
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻					
	Other (specify)		230.88	1				
			4	1				
	Full Name of Individual (Last, First, Middle Initia	I) or Full C	Drganization Name					
С.	Gombotz, Mark, , Mr.,			Date of Receipt				
	Mailing Address 35 Mallard Lane			M M / D D / Y Y Y Y				
		Ctoto	Zin Codo	06 23 2017				
	City Kensington	State CT	Zip Code 06037	Transaction ID : A2017-1321462				
				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		19.24				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item				
	Select Medical Corporation		e President of Operations (Ex)					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		250.12					
			Apr 1 Apr 1 Apr 1	*				
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s	UBTOTAL of Receipts This Page (optional)			57.72				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and St. for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Goodson, David, L, Mr., Mailing Address 1059 Lionsgate Lane	al) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	01 27 2017 Transaction ID : A2017-56438
	Gulf Breeze FEC ID number of contributing federal political committee.	FL C	32563	Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	supation (for Individual) ninistrator (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78	1
В.	Full Name of Individual (Last, First, Middle Initi Goodson, David, L, Mr., Mailing Address 1059 Lionsgate Lane	al) or Full C	Drganization Name	Date of Receipt
	City Gulf Breeze	State FL	Zip Code 32563	02 10 2017 Transaction ID : A2017-139501 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Adr	cupation (for Individual) ministrator (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17]
C.	Full Name of Individual (Last, First, Middle Initi Goodson, David, L, Mr., Mailing Address 1059 Lionsgate Lane	al) or Full C	Drganization Name	Date of Receipt
	City	State	Zip Code	02 24 2017 Transaction ID : A2017-252954
	Gulf Breeze FEC ID number of contributing federal political committee.	FL C	32563	Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adm	upation (for Individual) ninistrator (Ex)	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.56]
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 OF 350 (check only one) I11a I1a 11b I1a 11c
				13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
A .	Full Name of Individual (Last, First, Middle Init Goodson, David, L, Mr., Mailing Address 1059 Lionsgate Lane	ial) or Full C	Organization Name	Date of Receipt
	City Gulf Breeze	State FL	Zip Code 32563	03 10 2017 Transaction ID : A2017-317236
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 576.95	Memo Item
в.	Full Name of Individual (Last, First, Middle Init Goodson, David, L, Mr., Mailing Address 1059 Lionsgate Lane	Date of Receipt		
	City Gulf Breeze FEC ID number of contributing	State FL	Zip Code 32563	03 24 2017 Transaction ID : A2017-461608 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34	
<u> </u>	Full Name of Individual (Last, First, Middle Init Goodson, David, L, Mr.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1059 Lionsgate Lane	1 -		04 / D D / Y Y Y Y 04 07 2017
	City Gulf Breeze	State FL	Zip Code 32563	Transaction ID : A2017-521461 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73	
s	UBTOTAL of Receipts This Page (optional)			▶ 346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule for each category of th Detailed Summary Pag	e(s) (c ne r	DR LINE NUMBER: PAGE 137 OF 350 heck only one) * 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Goodson, David, L, Mr.,	al) or Full C	Drganization Name		Date of Receipt
	Mailing Address 1059 Lionsgate Lane	04-14-	750 00010		04 / D D / Y Y Y Y 04 21 2017
	City Gulf Breeze	State FL	Zip Code 32563		Transaction ID : A2017-682844 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) ministrator (Ex)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.2	12	
В	Full Name of Individual (Last, First, Middle Initia Goodson, David, L, Mr.,	al) or Full C	Drganization Name		Date of Receipt
υ.	Mailing Address 1059 Lionsgate Lane		05 05 2017		
	City Gulf Breeze	State FL	Zip Code 32563		Transaction ID : A2017-737913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.	51	
С.	Full Name of Individual (Last, First, Middle Initia Goodson, David, L, Mr.,	al) or Full C	Drganization Name		Date of Receipt
	Mailing Address 1059 Lionsgate Lane				05 / D D / Y Y Y Y 19 2017
	City Gulf Breeze	State FL	Zip Code 32563	-	Transaction ID : A2017-1073988 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)		Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.	90	
s	UBTOTAL of Receipts This Page (optional)			►	346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using			e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC			
Full Name of Individual (Last, First, Middle A. Goodson, David, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 1059 Lionsgate Lane			06 / 02 / Y Y Y Y 06 02 2017	
City Gulf Breeze	State FL	Zip Code 32563	Transaction ID : A2017-1108019	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29]	
Full Name of Individual (Last, First, Middle B. Goodson, David, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 1059 Lionsgate Lane				
City Gulf Breeze	State FL	Zip Code 32563	Transaction ID : A2017-1211922 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		115.39	
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.68]	
Full Name of Individual (Last, First, Middle C. Goodson, David, L, Mr.,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 1059 Lionsgate Lane	1		06 / ^D ^D ^D ²⁰¹⁷	
City Gulf Breeze	State FL	Zip Code 32563	Transaction ID : A2017-1328743 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		115.39	
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.07]	
SUBTOTAL of Receipts This Page (optional)			346.17	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 OF 350 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Griesheim, Glen, E, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1111 6th Avenue			03 / D D / Y Y Y Y 24 2017
	City Des Moines	State IA	Zip Code 50314	Transaction ID : A2017-461632
	Des Mollies		50314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator (Ex) - 001	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		230.82]
В.	Full Name of Individual (Last, First, Middle Initia Griesheim, Glen, E, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1111 6th Avenue			04 07 2017
	City Des Moines	State IA	Zip Code 50314	Transaction ID : A2017-521485 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) O/Administrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29]
<u></u> .	Full Name of Individual (Last, First, Middle Initia Griesheim, Glen, E, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1111 6th Avenue			04 21 2017
	City Des Moines	State IA	Zip Code 50314	Transaction ID : A2017-682868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		307.76]
s	UBTOTAL of Receipts This Page (optional)			115.41

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 OF 350 (check only one) ************************************
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)		
Α.	Full Name of Individual (Last, First, Middle Init Griesheim, Glen, E, Mr.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 1111 6th Avenue			M M / D D / Y Y Y Y 05 05 2017
	City Des Moines	State IA	Zip Code 50314	Transaction ID : A2017-737937 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 346.23]
в.	Full Name of Individual (Last, First, Middle Init Griesheim, Glen, E, Mr., Mailing Address 1111 6th Avenue	Date of Receipt		
	City	State	Zip Code	05 19 2017
	Des Moines	IA	50314	Transaction ID : A2017-1074012 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.70	1
— C.	Full Name of Individual (Last, First, Middle Init Griesheim, Glen, E, Mr.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 1111 6th Avenue		- 1	M M / D D / Y Y Y Y 06 02 2017
	City Des Moines	State IA	Zip Code 50314	Transaction ID : A2017-1108049 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 423.17]

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 141 OF

350

			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	y information copied from such Reports and State for commercial purposes, other than using the na									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initial) Griesheim, Glen, E, Mr.,) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1111 6th Avenue	06 / 16 / Y Y Y Y 07 16 2017								
	City Des Moines	State IA	Zip Code 50314	Transaction ID : A2017-1211944						
			50514	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.47						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) O/Administrator (Ex) - 001	Memo Item						
	Bossint For:		e Year-to-Date ▼	—						
	Primary General Other (specify) ▼	Aggregate	461.64]						
в.	Full Name of Individual (Last, First, Middle Initial) Griesheim, Glen, E, Mr.,) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1111 6th Avenue	06 30 2017								
	City	State	Zip Code	Transaction ID : A2017-1328622						
	Des Moines	IA	50314	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	38.47							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) EO/Administrator (Ex) - 001	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.11							
с.	Full Name of Individual (Last, First, Middle Initial) Grigonis, Antony, M, Mr.,) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1636 Lowell Lane			02 10 / Y Y Y Y 02 10 2017						
	City	State	Zip Code	Transaction ID : A2017-139491						
	New Cumberland	PA	17070	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item						
		Aggregate	e Year-to-Date ▼							
	Other (specify)		230.79]						
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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13	a _	11b	11c	12 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											
Α.	Full Name of Individual (Last, First, Middle Initial Grigonis, Antony, M, Mr.,) or Full C	Drganization Name		Date	of F	leceipt					
	Mailing Address 1636 Lowell Lane				04 07 2017							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contrib		IS
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
A.	Full Name of Individual (Last, First, Middle Initia Hamilton, Randal, S, Mr.,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 615 N. Bonita Avenue				^M 06	/	02) / Y	ү ү 2017	Y	
	City Panama City	State FL	Zip Code 32401					A2017-1 Receipt th		bd	
	FEC ID number of contributing federal political committee.	C						-	3	8.47	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001		М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.17	1							
	Full Name of Individual (Last, First, Middle Initia Hamilton, Randal, S, Mr.,	al) or Full Oi	rganization Name		Date of	f Re	eceipt				
	Mailing Address 615 N. Bonita Avenue	Ctata Zin Code				/	16		2017	Y	
	City Panama City	State FL	Zip Code 32401		Amount of Each Receipt this Pe						
	FEC ID number of contributing federal political committee.	С					-			8.47	
	Name of Employer (for Individual) Select Medical Corporation	Occu CEC		М	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.64]							
с.	Full Name of Individual (Last, First, Middle Initia Hamilton, Randal, S, Mr.,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 615 N. Bonita Avenue				^M 06	1	30		ү 2017	Y	
	City Panama City	State FL	Zip Code 32401					A2017-1 Receipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	3	8.47	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) CEO/Administrator (Ex) - 001			M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.11]							
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	11:	5.41	
т	OTAL This Period (last page this line number or	וy)		•			,			-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 OF 350 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initial Hammaker, Lora, K, Ms.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road			06 / Y Y Y Y Y 06 02 2017
	City	State PA	Zip Code	Transaction ID : A2017-1107966
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:		e President Tax (Ex) - 001	
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	L	211.64	
–	Full Name of Individual (Last, First, Middle Initia Hammaker, Lora, K, Ms.,	l) or Full C	Drganization Name	Date of Receipt
D.	Mailing Address 4714 Gettysburg Road			
				06 16 2017
	City	State PA	Zip Code	Transaction ID : A2017-1211915
	Mechanicsburg		17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President Tax (Ex) - 001	Memo Item
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		230.88]
с.	Full Name of Individual (Last, First, Middle Initia Hammaker, Lora, K, Ms.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road			06 30 2017
	City	State PA	Zip Code	Transaction ID : A2017-1328683
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President Tax (Ex) - 001	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.12]
s	UBTOTAL of Receipts This Page (optional)			57.72

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 149 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12					
		13 14 15 16 17					
or for commercial purposes, other than us	s and Statements may not be sold or used by any p sing the name and address of any political committe						
NAME OF COMMITTEE (In Full) Select Medical Corporatior	ו PAC						
Full Name of Individual (Last, First, Mi A. Hammerman, Samuel, I, Doctor,	ddle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 239 Butler Street		01 27 2017					
City	State Zip Code	Transaction ID : A2017-56445					
Kingston	PA 18704	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	192.31					
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer (Ex)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.62]					
Full Name of Individual (Last, First, Mi B. Hammerman, Samuel, I, Docto		Date of Receipt					
Mailing Address 239 Butler Street		02 10 2017					
City	State Zip Code	Transaction ID : A2017-139386					
Kingston	PA 18704	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů l						
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer (Ex)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93]					
Full Name of Individual (Last, First, Mi		Date of Receipt					
Mailing Address 239 Butler Street		02 / D D / Y Y Y Y 02 24 2017					
City	State Zip Code PA 18704	Transaction ID : A2017-252962					
Kingston	PA 18704	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	192.31					
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer (Ex)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 769.24]					
SUBTOTAL of Receipts This Page (optic	onal)	576.93					
TOTAL This Period (last page this line n	number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 OF 350 (check only one) 11a 11a 11b 13 14
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 239 Butler Street			03 / D D / Y Y Y Y Y 03 10 2017
	City Kingston	State PA	Zip Code 18704	Transaction ID : A2017-317244 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Chie	upation (for Individual) ef Medical Officer (Ex) Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		961.55	
В.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 239 Butler Street			03 / D D / Y Y Y Y 03 24 2017
	City Kingston	State PA	Zip Code 18704	Transaction ID : A2017-461618 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Medical Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.86	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor,	al) or Full C	rganization Name	Date of Receipt
•	Mailing Address 239 Butler Street			04 07 Y Y Y Y 2017
	City Kingston	State PA	Zip Code 18704	Transaction ID : A2017-521471 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) of Medical Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1346.17]
s	UBTOTAL of Receipts This Page (optional)			576.93

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 151 OF

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Select Medical Corporation P	PAC				
Full Name of Individual (Last, First, Middle A. Hammerman, Samuel, I, Doctor,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 239 Butler Street		04 / D D / Y Y Y Y Y 04 21 2017			
City Kingston	State Zip Code PA 18704	Transaction ID : A2017-682854			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer (Ex)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.48				
Full Name of Individual (Last, First, Middle B. Hammerman, Samuel, I, Doctor,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 239 Butler Street		M M / D D / Y Y Y Y 05 05 2017			
City Kingston	StateZip CodePA18704	Transaction ID : A2017-737923 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	192.31				
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Chief Medical Officer (Ex)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.79				
Full Name of Individual (Last, First, Middle C. Hammerman, Samuel, I, Docto		Date of Receipt			
Mailing Address 239 Butler Street		05 / D / Y Y Y Y 2017			
City Kingston	StateZip CodePA18704	Transaction ID : A2017-1073998 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	192.31			
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occupation (for Individual) Chief Medical Officer (Ex)	Memo Item			
Other (specify)	Aggregate Year-to-Date ▼ 1923.10				
)	576.93			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor,	al) or Full C	Orgar	nization Name	Date of Receipt										
	Mailing Address 239 Butler Street				06 02 2017										
	City	State		Zip Code	Transaction ID : A2017-1108037										
	Kingston	PA		18704	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			192.31										
	Name of Employer (for Individual)		•	ion (for Individual)	Memo Item										
	Select Medical Corporation Receipt For:			edical Officer (Ex)	_										
	Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 2115.41]										
В.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor,	al) or Full C	Orgar	nization Name	Date of Receipt										
	Mailing Address 239 Butler Street	06 16 2017													
	City	State		Zip Code	Transaction ID : A2017-1211932										
	Kingston	PA		18704	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			192.31										
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) edical Officer (Ex)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2307.72											
с.	Full Name of Individual (Last, First, Middle Initia Hammerman, Samuel, I, Doctor,	al) or Full C	Orgar	nization Name	Date of Receipt										
	Mailing Address 239 Butler Street				06 30 2017										
	City	State		Zip Code	Transaction ID : A2017-1328610										
	Kingston	PA		18704	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.					192.31										
Name of Employer (for Individual)			cupat	ion (for Individual)	Memo Item										
	Select Medical Corporation	Chi	ef Me	edical Officer (Ex)											
	Receipt For:	Aggregate	e Yea	r-to-Date ▼											
	Other (specify)		-	2500.03											
s	UBTOTAL of Receipts This Page (optional)				576.93										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 153 OF 350 (check only one) 11a 11a 11b		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	Detailed Summary Page	13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A .	Full Name of Individual (Last, First, Middle Initia Hedeman, Robin, , Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 15 W Main St PO 194	State	Zip Code	06 / 02 / 2017
	Brookside	NJ	07926	Transaction ID : A2017-1107975
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 211.64]
в.	Full Name of Individual (Last, First, Middle Initia Hedeman, Robin, , Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 15 W Main St PO 194	06 / D D / Y Y Y Y 16 2017		
	City Brookside	State NJ	Zip Code 07926	Transaction ID : A2017-1211969 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230,88]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hedeman, Robin, , Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 15 W Main St PO 194			M 66 / B 7 2017
	City Brookside	State NJ	Zip Code 07926	Transaction ID : A2017-1328692
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	1	e Year-to-Date ▼	
	Primary General Other (specify)		250.12]
s	UBTOTAL of Receipts This Page (optional)			57.72

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
				y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Huffman, David, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2915 Arcona Road			01 27 2017
	City	State PA	Zip Code	Transaction ID : A2017-56490
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		230.78	
В.	Full Name of Individual (Last, First, Middle Initia Huffman, David, J, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2915 Arcona Road	02 10 2017		
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-139436 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		346.17	
C.	Full Name of Individual (Last, First, Middle Initia Huffman, David, J, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 2915 Arcona Road			02 / D D / Y Y Y Y 02 24 2017
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-252912
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual)	Memo Item
	Boosint For:		e President (Ex) Year-to-Date ▼	
	Primary General	Aggregate		_
	Other (specify)	L	461.56	
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 155 OF 350 (check only one)
IT	EMIZED RECEIPTS		for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	I) or Full C	Drganization Name	
Α.	Huffman, David, J, Mr.,	.,		Date of Receipt
	Mailing Address 2915 Arcona Road			03 / D D / Y Y Y Y 03 10 2017
	City	State	Zip Code	Transaction ID : A2017-317306
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		576.95	1
	Full Name of Individual (Last, First, Middle Initia Huffman, David, J, Mr.,	l) or Full C	Drganization Name	Date of Receipt
Ъ.	Mailing Address 2915 Arcona Road			
	2010 Alcona Road	03 24 2017		
	City	State	Zip Code	Transaction ID : A2017-461700
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) V		692,34	1
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia _Huffman, David, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2915 Arcona Road	1		04 / D D / Y Y Y Y 04 07 2017
	City	State PA	Zip Code 17055	Transaction ID : A2017-521415
	Mechanicsburg		17035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation			upation (for Individual) President (Ex)	Memo Item
		Aggregate	Year-to-Date V	
	Primary General Other (specify)		807.73	1
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 156 OF 350 (check only one)					
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the								
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
\bigvee									
Α.	Full Name of Individual (Last, First, Middle Initi Huffman, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 2915 Arcona Road			04 21 2017					
	City	State	Zip Code	Transaction ID : A2017-682797					
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item					
	Receipt For:		· · ·						
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify) V		923.12]					
в.	Full Name of Individual (Last, First, Middle Initi Huffman, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 2915 Arcona Road	05 05 2017							
	City	State	Zip Code	Transaction ID : A2017-737867					
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		115.39					
	federal political committee.	U							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	_	(000.54	1					
	Other (specify)		1038.51	1					
C.	Full Name of Individual (Last, First, Middle Initi Huffman, David, J, Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 2915 Arcona Road			05 / D D / Y Y Y Y 05 19 2017					
	City	State	Zip Code	Transaction ID : A2017-1074081					
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item					
	Receipt For:		Year-to-Date ▼						
	Primary General	33 94.0		1					
	Other (specify)		1153.90	1					
s	UBTOTAL of Receipts This Page (optional)		•	346.17					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINI (check or 11a 13	E NUMBER: hly one)	PAGE	157 OF	350						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the		soliciting of	contributio	ns						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Huffman, David, J, Mr.,	tial) or Full O	rganization Name	Date	Date of Receipt									
	Mailing Address 2915 Arcona Road			06	06 02 2017									
	City Mechanicsburg	State PA	Zip Code 17055		saction ID : A									
	FEC ID number of contributing federal political committee.	С				-	115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)		lemo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29	1										
В.	Full Name of Individual (Last, First, Middle Init Huffman, David, J, Mr., Mailing Address 2915 Arcona Road	tial) or Full O	rganization Name	Date of	of Receipt	/ Y	Y Y Y Y	1						
	City	State	Zip Code	06	16 saction ID : A		2017							
	Mechanicsburg	PA	17055		nt of Each Re	-								
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)		lemo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.68	1										
с.	Full Name of Individual (Last, First, Middle Inite Huffman, David, J, Mr.,	tial) or Full O	rganization Name	Date	of Receipt									
	Mailing Address 2915 Arcona Road			M 06	M / D D 30	/ Y	y y y 2017	1						
	City Mechanicsburg	State PA	Zip Code 17055		Transaction ID : A2017-1328697 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			115.39									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.07]										

SUBTOTAL of Receipts This Page (optional)							34	6.17	
	-	-		y		9			-
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SCHEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 158 OF 350			
	Use separate schedule(s)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12			
		Dotallou Ourninary Pago	13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	2					
	_					
Full Name of Individual (Last, First, Middle Ini A. Jackson, Martin, F, Mr.,	tial) or Full C	Organization Name	Date of Receipt			
Mailing Address 116 Ellesmere Lane			04 / D D / Y Y Y Y 04 10 2017			
City	State	Zip Code	Transaction ID : A2017-524340			
Mechanicsburg	PA	17055	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		5000.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Select Medical Corporation		cutive Vice President (Ex)				
Receipt For:		Year-to-Date ▼				
Primary General	riggi oguto					
Other (specify) ▼		5000.00	1			
Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Organization Name				
B. James, Stephanie, R, Ms.,		-	Date of Receipt			
Mailing Address 740 Parkins Mill Rd.	01 27 2017					
City	State	Zip Code	Transaction ID : A2017-56431			
Greenville	SC	29607	Amount of Each Receipt this Period			
FEC ID number of contributing	С		115.39			
federal political committee.	0					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item			
Receipt For:	Aggregate	Year-to-Date V				
Primary General			1			
Other (specify) v	L	230.78	1			
Full Name of Individual (Last, First, Middle Ini C. James, Stephanie, R, Ms.,	tial) or Full C	Organization Name	Date of Receipt			
Mailing Address 740 Parkins Mill Rd.			02 / D D / Y Y Y Y 02 10 2017			
City	State SC	Zip Code	Transaction ID : A2017-139493			
Greenville	30	29607	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator (Ex)	Memo Item			
Receipt For:	1	Year-to-Date ▼				
Primary General	Ayyreyale					
Other (specify)	L	346.17	1			
SUBTOTAL of Receipts This Page (optional)			5230.78			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 OF 350 (check only one) * 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Init James, Stephanie, R, Ms.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 740 Parkins Mill Rd.	State	Zin Codo	02 24 2017
	City Greenville	State SC	Zip Code 29607	Transaction ID : A2017-252946 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56	
в.	Full Name of Individual (Last, First, Middle Init James, Stephanie, R, Ms.,	Date of Receipt		
	Mailing Address 740 Parkins Mill Rd.	03 / D D / Y Y Y Y 03 10 2017		
	City Greenville	State SC	Zip Code 29607	Transaction ID : A2017-317340 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95	
<u>с</u> .	Full Name of Individual (Last, First, Middle Init James, Stephanie, R, Ms.,	ial) or Full C	Prganization Name	Date of Receipt
	Mailing Address 740 Parkins Mill Rd.			03 / D D / Y Y Y Y 03 / 24 2017
	City Greenville	State SC	Zip Code 29607	Transaction ID : A2017-461598 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.34	
s	UBTOTAL of Receipts This Page (optional)			▶ 346.17

SCHEDULE A (FEC I ITEMIZED RECEIPTS	Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, othe	n Reports and Statements ma r than using the name and a	ay not be sold or used by any p address of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In F			
Full Name of Individual (Last, A. James, Stephanie, R, Ms.	3	rganization Name	Date of Receipt
Mailing Address 740 Parkins M	State	Zip Code	04 07 2017 Transaction ID : A2017-521451
Greenville FEC ID number of contributing federal political committee.	sc C	29607	Amount of Each Receipt this Period
Name of Employer (for Individ Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adn Aggregate	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 807.73	Memo Item
Full Name of Individual (Last, B. James, Stephanie, R, M Mailing Address 740 Parkins M	ls.,	rganization Name	Date of Receipt
City Greenville FEC ID number of contributing federal political committee.	State SC C	Zip Code 29607	04 21 2017 Transaction ID : A2017-682834 Amount of Each Receipt this Period 115.39
Name of Employer (for Individ Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr Aggregate	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 923.12	Memo Item
C. Full Name of Individual (Last, James, Stephanie, R, Mailing Address 740 Parkins M	Ms.,	rganization Name	Date of Receipt
City Greenville FEC ID number of contributing federal political committee.	State SC	Zip Code 29607	05 05 2017 Transaction ID : A2017-737903 Amount of Each Receipt this Period 115.39
Name of Employer (for Individ Select Medical Corporation Receipt For: Primary General Other (specify)	ual) Occ Adm Aggregate	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 1038.51	Memo Item
SUBTOTAL of Receipts This Pa	ge (optional)		346.17

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S	CHEDULE A (FEC Form 3X)		Use separate	schedule(s)	FOR LINE		: PAG	PAGE 161 OF							
IT	EMIZED RECEIPTS	(check only	one)												
			for each categ Detailed Sumn		X 11a	11b	11c	12							
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	y information copied from such Reports and St for commercial purposes, other than using the														
\square	NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC	;													
Α.	Full Name of Individual (Last, First, Middle Init James, Stephanie, R, Ms.,	ial) or Full C	rganization Name		Date of Receipt										
	Mailing Address 740 Parkins Mill Rd.				05 19 / Y Y Y Y 05 19 2017										
	City	State	Zip Code		Transa	action ID :	A2017-1	073977							
	Greenville	SC	29607		Amount	of Each F	Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С				- J		115.	_						
	Name of Employer (for Individual)	Occ	upation (for Individ	dual)	Me	mo Item									
	Select Medical Corporation	Adn	ninistrator (Ex)												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General	riggiogato													
	Other (specify)			1153.90											
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В.	Full Name of Individual (Last, First, Middle Init James, Stephanie, R, Ms.,	ial) or Full C	rganization Name		Date of	Receipt									
	Mailing Address 740 Parkins Mill Rd.				M	/ D 1		YY	Y						
					06	02		2017							
	City	State	Zip Code		Transa	action ID :	A2017-1	108027							
	Greenville	SC	29607		Amount	of Each F	Receipt th	nis Period							
	FEC ID number of contributing	\mathbf{c}													
	federal political committee.	С				-	-	115.	39						
						Memo Item									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Indivi ninistrator (Ex)	dual)		ino nem									
	Receipt For:		()		_										
	Primary General	Aggregate	Year-to-Date V		_										
	Other (specify) V			1269.29											
— с.	Full Name of Individual (Last, First, Middle Init James, Stephanie, R, Ms.,	ial) or Full C	rganization Name		Date of	Receipt									
	Mailing Address 740 Parkins Mill Rd.				M – M	/ D 1	D / Y	Y Y	Y						
					06	16		2017							
	City	State	Zip Code		Trans	action ID :	: A2017-1	212009							
	Greenville	SC	29607		Amount	of Each F	Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С						115.	39						
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	Name of Employer (for Individual)		upation (for Individ	dual)	Me	emo Item									
	Select Medical Corporation	Adm	inistrator (Ex)												
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	Primary General			1384.68	38										
	Other (specify)			1304.00											
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	SUBTOTAL of Descripts This Page (optional)									6.17	
I '	SUBTOTAL of Receipts This Page (optional)	-	1.	1	y	1	y	1	1		
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 OF 350 (check only one) Image: Check only one (Check only one) Image: Check only one) Image: Check only on			
	y information copied from such Reports and Sta for commercial purposes, other than using the n			v person for the purpose of soliciting contributions tee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC						
<u> </u>	Full Name of Individual (Last, First, Middle Initia James, Stephanie, R, Ms.,	l) or Full O	Organization Name	Date of Receipt			
	Mailing Address 740 Parkins Mill Rd.			06 30 2017			
	City Greenville	State SC	Zip Code 29607	Transaction ID : A2017-1328732 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		115.39			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07				
В.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	l) or Full O	Organization Name	Date of Receipt			
5.	Mailing Address 4714 Gettysburg Road	02 10 2017					
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-139400 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		76.93			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Business Developn	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.79				
— c.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	l) or Full O	Organization Name	Date of Receipt			
	Mailing Address 4714 Gettysburg Road			02 / 24 / Y Y Y 24 2017			
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-252976 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		76.93			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Business Developm	en Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.72				
s	UBTOTAL of Receipts This Page (optional)			269.25			

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 163 OF 350 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full C	rganizat	ion Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road				M M / D D / Y Y Y Y 03 10 2017
	City Mechanicsburg	State PA		Code 7055	Transaction ID : A2017-317355 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) ent Business Developmen	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 384.65]
В.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full C	rganizat	ion Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road				03 24 2017
	City Mechanicsburg	State PA		Code 7055	Transaction ID : A2017-461635 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation			(for Individual) ent Business Developmen	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date 461.58	
с.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full C	rganizat	ion Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road	State	Zin	Code	04 / 07 / 2017
	Mechanicsburg	PA	· · ·	7055	Transaction ID : A2017-521488 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.				76.93
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) ent Business Developmen	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 538.51	
s	UBTOTAL of Receipts This Page (optional)			••••••	230.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full O	rganization Name	Date of Receipt		
	Mailing Address 4714 Gettysburg Road			04 / D D / Y Y Y Y 21 2017		
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-682871 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		76.93		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Business Developmen	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.44			
В.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full O	rganization Name	Date of Receipt		
-	Mailing Address 4714 Gettysburg Road	05 05 2017				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-737940 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		76.93		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Business Developmer	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.37			
С.	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full O	rganization Name	Date of Receipt		
	Mailing Address 4714 Gettysburg Road			05 / D D / Y Y Y Y 2017		
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1074015 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		76.93		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Business Developmen	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.30]		
s	JBTOTAL of Receipts This Page (optional)			230.79		

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	CHEDULE A (FEC Form 3X)		u	lse separate schedule(s)		LINE NU		PAGE	165 OF	350
ITEMIZED RECEIPTS			for each category of the			-	í r			
				etailed Summary Page			11b	11c	12	17
Δr	y information copied from such Reports and Sta	atemente m		nt he sold or used by any pe		3 the purr	14	15	16	17 005
	for commercial purposes, other than using the									
$\left \right\rangle$	NAME OF COMMITTEE (In Full)									
	Select Medical Corporation PAC									
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full (Drgan	ization Name						
Α.	Jewett, Harry, M, Mr.,		Jugan		Da	te of Re	ceipt			
	Mailing Address 4714 Gettysburg Road				N	M /	D D	/ Y	Y Y Y	
					4 6	06	02	I L.	2017	
	City	State PA		Zip Code	1	ransacti	on ID : A	2017-110	8052	
	Mechanicsburg	PA		17055	An	nount of	Each Re	ceipt this	Period	
	FEC ID number of contributing	С							76.93	3
	federal political committee.						7		- 40	
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)	70	Memo	Item			
	Select Medical Corporation	Vice	e Pre	sident Business Developmen						
	Receipt For:	Aggregate	Yea	r-to-Date ▼						
	Primary General			846.23						
	Other (specify) v		-	040.23						
	Full Name of Individual (Last, First, Middle Initia	al) or Full (Jraan	ization Namo						
В.			Jiyan	Izalion name	Da	te of Re	ceipt			
υ.	Mailing Address 4714 Gettysburg Road						DDD	/ .	YYYY	-
							16		2017	
	City	State		Zip Code	Т	ransacti	on ID : A	2017-121	1947	
	Mechanicsburg	PA		17055	Amount of Each Receipt this Period					
	FEC ID number of contributing	С							76.93	,
	federal political committee.	0					7		70.90	,
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)	- F	Memo	Item			
	Select Medical Corporation			sident Business Developmen						
	Receipt For:	Aggregate	Yea	r-to-Date ▼						
	Primary General									
	Other (specify)		,	923.16						
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C	Full Name of Individual (Last, First, Middle Initia Jewett, Harry, M, Mr.,	al) or Full C	Jrgan	ization Name	Da	te of Re	coint			
0.	Mailing Address 4714 Gettysburg Road							/	YYYY	
	inaming reactors 4714 Genysburg Road				n n	06	30		2017	
	City	State		Zip Code		ransacti	ion ID : A	2017-132	28625	
	Mechanicsburg	PA		17055	An	nount of	Each Re	ceipt this	Period	
	FEC ID number of contributing	C							76.93	2
	federal political committee.	С					9	y	70.90	,
	Name of Employer (for Individual)	000	runati	on (for Individual)	- F	Memo	Item			
	Select Medical Corporation		•	sident Business Developmen						
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S	UBTOTAL of Receipts This Page (optional)			••••••	· L		9		230.79	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С			
Full Name of Individual (Last, First, Middle In Johnston, Gary, , , Mailing Address 4798 Highgrove Rd	nitial) or Full C	rganization Name	Date of Receipt	
City Tallahassee	State FL	Zip Code 32309	04 21 2017 Transaction ID : A2017-682822 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		38.47	
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) cutive Year-to-Date ▼ 230.82	Memo Item	
B. Full Name of Individual (Last, First, Middle In Johnston, Gary, , , Mailing Address 4798 Highgrove Rd	litial) or Full C	rganization Name	Date of Receipt	
City Tallahassee FEC ID number of contributing federal political committee.	State FL	Zip Code 32309	05 05 2017 Transaction ID : A2017-737891 Amount of Each Receipt this Period 38.47	
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) cutive Year-to-Date ▼ 269.29	Memo Item	
C. Johnston, Gary, , , Mailing Address 4798 Highgrove Rd				
City Tallahassee	State FL	Zip Code 32309	05 19 2017 Transaction ID : A2017-1073965 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		38.47	
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Exe	upation (for Individual) cutive Year-to-Date ▼ 307.76	Memo Item	
SUBTOTAL of Receipts This Page (optional)			115.41	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 OF 350 (check only one) I1a I1a 11b 11c I3 14 15 16
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initi Johnston, Gary, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4798 Highgrove Rd			06 02 2017
	City	State FL	Zip Code	Transaction ID : A2017-1108004
	Tallahassee		32309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		346.23]
	Full Name of Individual (Last, First, Middle Initi Johnston, Gary, , ,	al) or Full C	Organization Name	Data of Passint
р.	Mailing Address 4798 Highgrove Rd			Date of Receipt
				06 16 2017
	City	State FL	Zip Code	Transaction ID : A2017-1211997
	Tallahassee	FL	32309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 384.70]
<u> </u>	Full Name of Individual (Last, First, Middle Initi Johnston, Gary, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4798 Highgrove Rd			06 30 2017
	City Tallahassee	State FL	Zip Code 32309	Transaction ID : A2017-1328720
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation	Exe	cutive	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		423.17	
s	UBTOTAL of Receipts This Page (optional)			115.41

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

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation	on PAC		
Full Name of Individual (Last, First, Jones, Darrell, L, Mr.,	Middle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rc	State	Zip Code	01 26 2017 Transaction ID : A2017-56697
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		230.76
Name of Employer (for Individual) Select Medical Corporation Receipt For:	CE	upation (for Individual) D/Administrator	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.15	1
Full Name of Individual (Last, First, B. Jones, Darrell, L, Mr.,	Middle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Ro			01 / 27 / 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-56439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461,54]
Full Name of Individual (Last, First, C. Jones, Darrell, L, Mr.,	Middle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Ro			02 / D D / Y Y Y Y 02 10 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-139503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.93]
SUBTOTAL of Receipts This Page (or	l otional)		461.54

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 OF 350 (check only one) 11a 11a 11b 13 14
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mather name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
Full Name of Individual (Last, First, Middle A. Jones, Darrell, L, Mr.,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Road			02 24 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-252956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.32]
Full Name of Individual (Last, First, Middle B. Jones, Darrell, L, Mr.,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4714 Gettysburg Road	Otata	Zin Oode	03 / D D / Y Y Y Y 03 10 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-317238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.71	1
Full Name of Individual (Last, First, Middle C. Jones, Darrell, L, Mr.,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Road			03 / 24 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-461610 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.10]
SUBTOTAL of Receipts This Page (optional).			346.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 OF 350 (check only one) I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle Ir A. Jones, Darrell, L, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Road			M M / D D / Y Y Y Y 04 07 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-521463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.49	
Full Name of Individual (Last, First, Middle Ir B. Jones, Darrell, L, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Road			04 / D D / Y Y Y Y Y 21 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-682846 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) O/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.88	
Full Name of Individual (Last, First, Middle Ir C. Jones, Darrell, L, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Road			M M / D D / Y Y Y Y 05 05 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-737915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1269.27	
SUBTOTAL of Receipts This Page (optional)		•	346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 OF 350 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Jones, Darrell, L, Mr.,	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address 4714 Gettysburg Road			05 19 2017				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1073990 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.66]				
В.	Full Name of Individual (Last, First, Middle Initia Jones, Darrell, L, Mr.,	l) or Full C	Organization Name	Date of Receipt				
ь.	Mailing Address 4714 Gettysburg Road			06 02 2017				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1108021 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) O/Administrator	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1500.05]				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Jones, Darrell, L, Mr.,	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address 4714 Gettysburg Road	State	Zin Codo	06 / 16 / 2017				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1211924 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1615.44]				
s	UBTOTAL of Receipts This Page (optional)			346.17				

SCHEDULE A (FEC For ITEMIZED RECEIPTS	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 OF 350 (check only one) Image: Check
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporat	ion PAC		
Full Name of Individual (Last, First, A. Jones, Darrell, L, Mr.,	Middle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg R	oad		06 30 / Y Y Y Y 06 30 2017
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1328745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1730.83]
B. Full Name of Individual (Last, First, Judd, Patricia, , Ms., Mailing Address 2 Pheasant Run	Middle Initial) or Full C	Organization Name	Date of Receipt
City Gladstone FEC ID number of contributing federal political committee.	State NJ	Zip Code 07934	06 02 2017 Transaction ID : A2017-1107974 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 211.64]
Full Name of Individual (Last, First, C. Judd, Patricia, , Ms.,	Middle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2 Pheasant Run			06 / D D / Y Y Y Y 06 16 2017
City Gladstone	State NJ	Zip Code 07934	Transaction ID : A2017-1211968 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88]
SUBTOTAL of Receipts This Page (c	ptional)		153.87

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SC	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 173 OF 350				
	· · · · · ·		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12				
			Detailed Summary Page					
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions				
\square	NAME OF COMMITTEE (In Full)							
	Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Judd, Patricia, , Ms.,	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address 2 Pheasant Run			06 / D D / Y Y Y Y 06 30 2017				
	City	State	Zip Code	Transaction ID : A2017-1328691				
	Gladstone	NJ	07934	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		19.24				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General	, iggi oguto		1				
	Other (specify)	L	250.12					
В.	Full Name of Individual (Last, First, Middle Initia Keith, Christopher, , ,	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address 13 Hopper Dr.							
		04 21 2017						
	City	State	Zip Code	Transaction ID : A2017-682840				
	Goddard	KS	67092	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		38.47				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item				
	Receipt For:		Year-to-Date ▼	-				
	Primary General	riggiogato		1				
	Other (specify) ▼	L	230.82					
с.	Full Name of Individual (Last, First, Middle Initia Keith, Christopher, , ,	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address 13 Hopper Dr.			05 05 2017				
	City	State	Zip Code	Transaction ID : A2017-737909				
	Goddard	KS	67092	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		38.47				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Select Medical Corporation		cutive	-				
	Receipt For:							
	Primary General	Ayyreyate	Year-to-Date ▼					
	Other (specify)		269.29					
s	UBTOTAL of Receipts This Page (optional)			96.18				

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

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 OF 350 (check only one) Image: state st
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	e of COMMITTEE (In Full) ect Medical Corporation PAC	;		
	Name of Individual (Last, First, Middle Initi th, Christopher, , ,	al) or Full C	Drganization Name	Date of Receipt
	ng Address 13 Hopper Dr.	05 19 2017		
City God	dard	State KS	Zip Code 67092	Transaction ID : A2017-1073984 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		38.47
Selec	e of Employer (for Individual) ct Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76]
	Name of Individual (Last, First, Middle Initi th, Christopher, , ,	al) or Full C	Drganization Name	Date of Receipt
	ng Address 13 Hopper Dr.			06 / D D / Y Y Y Y 06 02 2017
City Gode	dard	State KS	Zip Code 67092	Transaction ID : A2017-1108015 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		38.47
	e of Employer (for Individual) t Medical Corporation		cupation (for Individual) ecutive	Memo Item
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23]
	Name of Individual (Last, First, Middle Initi ith, Christopher, , ,	al) or Full C	Drganization Name	Date of Receipt
	ng Address 13 Hopper Dr.			06 16 / Y Y Y Y Y 07 16 2017
City God	dard	State KS	Zip Code 67092	Transaction ID : A2017-1211918 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		38.47
Sele	e of Employer (for Individual) ct Medical Corporation		cupation (for Individual) ecutive	Memo Item
Rece	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.70]
SUBTO	DTAL of Receipts This Page (optional)			115.41

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 OF 350 (check only one) I1a X 11a 11b I1c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC		
Full Name of Individual (Last, First, Middle A. Keith, Christopher, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 13 Hopper Dr.	State	Zip Code	06 / 30 / 2017 Transaction ID : A2017-1328739
Goddard	KS	67092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.17]
Full Name of Individual (Last, First, Middle B. Key, David, F, Mr.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1286 Brayshore Drive	02 / D D / Y Y Y Y Y 02 10 2017		
City Collierville	State	Zip Code 38017	Transaction ID : A2017-139424
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.93
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) gional President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.79]
Full Name of Individual (Last, First, Middle C. Key, David, F, Mr.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1286 Brayshore Drive			02 / D D / Y Y Y Y 02 24 2017
City Collierville	State TN	Zip Code 38017	Transaction ID : A2017-252900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ional President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.72]
SUBTOTAL of Receipts This Page (optional))		192.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 OF 350 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle In A. Key, David, F, Mr., Mailing Address 1286 Brayshore Drive City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TN C Occ Reg	Zip Code 38017 cupation (for Individual) gional President (Ex) Year-to-Date ▼ 384.65	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Key, David, F, Mr., Mailing Address 1286 Brayshore Drive City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TN C Occ Res	Drganization Name Zip Code 38017 cupation (for Individual) gional President (Ex) Year-to-Date ▼ 461.58	Date of Receipt 03 / 24 / 2017 Transaction ID : A2017-461688 Amount of Each Receipt this Period 76.93 Memo Item
Full Name of Individual (Last, First, Middle In C. Key, David, F, Mr., Mailing Address 1286 Brayshore Drive City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State TN C Occ Reg	Zip Code 38017 cupation (for Individual) gional President (Ex) Year-to-Date ▼ 538.51	Date of Receipt 04 07 2017 Transaction ID : A2017-521403 Amount of Each Receipt this Period 76.93 Memo Item
SUBTOTAL of Receipts This Page (optional)			230.79

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	l) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 1286 Brayshore Drive				04 21 2017
	City Collierville	State TN		Zip Code 38017	Transaction ID : A2017-682782 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) Il President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 615.44	
В.	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	ll) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 1286 Brayshore Drive	05 05 2017			
	City Collierville	State TN		Zip Code 38017	Transaction ID : A2017-737852 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) al President (Ex)	Memo Item
Receipt For: Aggregate Primary General Other (specify) ▼				r-to-Date ▼ 692.37	
с.	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	ll) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 1286 Brayshore Drive				05 19 2017
	City Collierville	State TN		Zip Code 38017	Transaction ID : A2017-1074066 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			76.93
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) I President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 769.30	
s	UBTOTAL of Receipts This Page (optional)				230.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 OF 350 (check only one) 350 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C						
Full Name of Individual (Last, First, Middle Ini Key, David, F, Mr., Mailing Address 1286 Brayshore Drive City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary	State TN C	Drganization Name Zip Code 38017 cupation (for Individual) gional President (Ex) Year-to-Date ▼	Date of Receipt				
Other (specify) ▼ Full Name of Individual (Last, First, Middle Init B. Key, David, F, Mr., Mailing Address 1286 Brayshore Drive City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TN C Occ Res	846.23 Organization Name Zip Code 38017 cupation (for Individual) gional President (Ex) Year-to-Date ▼ 923.16	Date of Receipt 06 16 2017 Transaction ID : A2017-1211914 Amount of Each Receipt this Period 76.93 Memo Item				
Full Name of Individual (Last, First, Middle Ini C. Key, David, F, Mr., Mailing Address 1286 Brayshore Drive City Collierville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State TN C Occ Reg	Zip Code 38017 supation (for Individual) gional President (Ex) Year-to-Date ▼	Date of Receipt 06 ' 30 ' 2017 Transaction ID : A2017-1328682 Amount of Each Receipt this Period 76.93 Memo Item				
SUBTOTAL of Receipts This Page (optional)			230.79				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 179 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Kingston, Peggy, L, Mrs.,	ation Name	Date of Receipt						
	Mailing Address 228 Brewster				06 / D / Y Y Y Y 06 02 2017				
	City Rochester Hills	State MI	Z	ip Code 48309	Transaction ID : A2017-1107959				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period				
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) ator (Ex)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 211.64					
в.	Full Name of Individual (Last, First, Middle Initia Kingston, Peggy, L, Mrs., Mailing Address 228 Brewster	Date of Receipt							
	City Rochester Hills	State MI		ip Code 48309	06 16 2017 Transaction ID : A2017-1212051 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			19.24				
	Name of Employer (for Individual) Select Medical Corporation			n (for Individual) ator (Ex)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 230.88					
С.	Full Name of Individual (Last, First, Middle Initia Kingston, Peggy, L, Mrs.,	ll) or Full C	Organiz	ation Name	Date of Receipt				
	Mailing Address 228 Brewster	Ctoto		in Code					
	City Rochester Hills	State MI		ïp Code 48309	Transaction ID : A2017-1328676 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			19.24				
	Name of Employer (for Individual) Select Medical Corporation		•	n (for Individual) tor (Ex)	Memo Item				
	Receipt For: Primary General Other (specify)	Primary General General							
s	UBTOTAL of Receipts This Page (optional)			••••••	57.72				

s ine number only).....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 OF 350 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5167 Carlson Dairy Road			01 27 2017
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2017-56436 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78	
в.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5167 Carlson Dairy Road	02 / D D / Y Y Y Y 2017		
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2017-139499 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5167 Carlson Dairy Road			02 24 Y Y Y Y 02 21 2017
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2017-252952 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule for each category of th Detailed Summary Pag	e(s) (ch he	R LINE NUMBER: PAGE 181 OF 350 eck only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	l) or Full O	Organization Name		Date of Receipt
	Mailing Address 5167 Carlson Dairy Road				03 / D D / Y Y Y Y 2017
	City Summerfield	State NC	Zip Code 27358		Transaction ID : A2017-317234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.	95	
В.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	l) or Full O	organization Name		Date of Receipt
	Mailing Address 5167 Carlson Dairy Road		03 24 2017		
	City Summerfield	State NC	Zip Code 27358		Transaction ID : A2017-461606 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.	34	
с.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	l) or Full O	organization Name		Date of Receipt
	Mailing Address 5167 Carlson Dairy Road	-1			04 / D D / Y Y Y Y 07 2017
	City Summerfield	State NC	Zip Code 27358		Transaction ID : A2017-521459 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)		Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.	73	
s	UBTOTAL of Receipts This Page (optional)			······ •	346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 OF 350 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 5167 Carlson Dairy Road			04 21 2017
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2017-682842 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12	
В.	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 5167 Carlson Dairy Road	M M / D / Y		
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2017-737911 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Knight, Wilma, D, Ms.,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 5167 Carlson Dairy Road			05 19 2017
	City Summerfield	State NC	Zip Code 27358	Transaction ID : A2017-1073986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.90	
s	UBTOTAL of Receipts This Page (optional)			▶ 346.17

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 183 OF 350						
· · · · · · · · · · · · · · · · · · ·	·	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
		Detailed Summary Page							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Select Medical Corporation PA	AC								
Full Name of Individual (Last, First, Middle A. Knight, Wilma, D, Ms.,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 5167 Carlson Dairy Road			06 02 2017						
City	State	Zip Code	Transaction ID : A2017-1108017						
Summerfield	NC	27358	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		115.39						
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General	riggroguto								
Other (specify)		1269.29							
Full Name of Individual (Last, First, Middle B. Knight, Wilma, D, Ms.,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 5167 Carlson Dairy Road									
	06 16 2017								
City	State	Zip Code	Transaction ID : A2017-1211920						
Summerfield	NC	27358	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.39						
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General	, iggi oguto								
Other (specify)		1384,68							
Full Name of Individual (Last, First, Middle C. Knight, Wilma, D, Ms.,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 5167 Carlson Dairy Road			06 / D D / Y Y Y Y Y 2017						
City	State	Zip Code	Transaction ID : A2017-1328741						
Summerfield	NC	27358	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.39						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Select Medical Corporation		ninistrator (Ex)	-						
Receipt For:									
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1500.07							
SUBTOTAL of Receipts This Page (optional).			346.17						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 OF 350 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	, ,		
A.	Full Name of Individual (Last, First, Middle Initi Koppenhave, Kathleen, W, ,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.			02 10 / Y Y Y Y Y 02 10 2017
	City	State	Zip Code	Transaction ID : A2017-139406
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation		President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, iggi oguto		1
	Other (specify) ▼	L	230.79	
B	Full Name of Individual (Last, First, Middle Initi Koppenhave, Kathleen, W, ,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.		02 24 2017	
	City	State	Zip Code	Transaction ID : A2017-252982
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	—
	Primary General Other (specify) ▼		307.72]
с.	Full Name of Individual (Last, First, Middle Initi Koppenhave, Kathleen, W, ,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.			M M / D D / Y Y Y Y 03 10 2017
	City	State PA	Zip Code	Transaction ID : A2017-317362
	Hershey		17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		384.65	
	UBTOTAL of Receipts This Page (optional)			230.79

SUBTOTAL of Receipts This Page (optional)	L			9			9	 23	0.79)
	Г									
TOTAL This Period (last page this line number only)	L	_	_	-7-	_	_	-		-	-

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 185 OF 350 (check only one)									
			Detailed Summary Page								
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, ,	al) or Full O	organization Name	Date of Receipt							
	Mailing Address 28 Woodland Ave.			03 24 2017							
	City Hershey	State PA	Zip Code 17033	Transaction ID : A2017-461675 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.58								
В.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, , Mailing Address 28 Woodland Ave.	al) or Full O	organization Name	Date of Receipt							
				04 07 2017							
	City	State	Zip Code	Transaction ID : A2017-521496							
	Hershey	PA	17033	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	, 538.51								
C.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, ,	al) or Full O	organization Name	Date of Receipt							
	Mailing Address 28 Woodland Ave.	1 -		04 / D D / Y Y Y Y 21 2017							
	City Hershey	State PA	Zip Code 17033	Transaction ID : A2017-682879 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.93							
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	Select Medical Corporation Receipt For:		President								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 615.44								

SUBTOTAL of Receipts This Page (optional)										0.79	
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		1.1	1	1.1	1.1	1	1.1	1	1.1		1
TOTAL This Period (last page this line number only)	L			-			-			-	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 186 OF 350 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.			05 / D D / Y Y Y Y 05 05 2017
	City	State PA	Zip Code	Transaction ID : A2017-737948
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		692.37]
В.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.			05 19 2017
	City Hershey	State PA	Zip Code 17033	Transaction ID : A2017-1074022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) æ President	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify) ▼		, 769.30]
с.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.			06 / 02 / Y Y Y Y 06 02 2017
	City Hershey	State PA	Zip Code 17033	Transaction ID : A2017-1108059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 846.23	1
s	UBTOTAL of Receipts This Page (optional)			230.79

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SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 187 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)
			for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\square	NAME OF COMMITTEE (In Full)			
\bigvee	Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Koppenhave, Kathleen, W, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 28 Woodland Ave.			M M / D D / Y Y Y Y 06 16 2017
	City	State	Zip Code	Transaction ID : A2017-1211954
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	.99.094.0		1
	Other (specify) v		923.16	1
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name	Data of Descript
В.		Date of Receipt		
	Mailing Address 28 Woodland Ave.	06 30 2017		
	City	State	Zip Code	Transaction ID : A2017-1328632
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) V		, 1000.09]
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Kozorosky, Laurie, , Mrs.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 730 North Marian Street			06 / D D / Y Y Y Y 06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1107932
	Ebensburg	PA	15931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation			cupation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:			
	Primary General	Ayyreyate	e Year-to-Date ▼	
	Other (specify)		211.64	1
s	UBTOTAL of Receipts This Page (optional)			173.10

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TOTAL This Period (last page this line number only)	1	 	 	 -	 	-10	

0	CHEDULE A (FEC Form 3X)			
			Use separate schedule(s)	FOR LINE NUMBER: PAGE 188 OF 350 (check only one)
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
/	-			
Α.	Full Name of Individual (Last, First, Middle Initi Kozorosky, Laurie, , Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 730 North Marian Street			M M / D D / Y
	City Ebensburg	State PA	Zip Code 15931	Transaction ID : A2017-1212024 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		230.88	
В.	Full Name of Individual (Last, First, Middle Initi Kozorosky, Laurie, , Mrs.,	al) or Full C	Organization Name	Date of Receipt
υ.	Mailing Address 730 North Marian Street	06 30 2017		
	City	State	Zip Code	Transaction ID : A2017-1328649
	Ebensburg	PA	15931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 250.12	
с.	Full Name of Individual (Last, First, Middle Initi Kundu, Nabarun, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			M M / D D / Y Y Y Y 01 27 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-56465
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For:		Year-to-Date V	—
	Primary General	Aygregale		-
	Other (specify)	L	230.78	
s	UBTOTAL of Receipts This Page (optional)			153.87

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 OF 350 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initi Kundu, Nabarun, , , Mailing Address 1667 K Street NW Suite 1050	al) or Full C	Organization Name	Date of Receipt
			7.0.1	02 10 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-139410 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Exe	upation (for Individual)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	
В.	Full Name of Individual (Last, First, Middle Initi Kundu, Nabarun, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050	02 24 2017		
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-252986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56	
	Full Name of Individual (Last, First, Middle Initi Kundu, Nabarun, , ,	al) or Full C	Organization Name	Date of Receipt
0.	Mailing Address 1667 K Street NW Suite 1050			03 / 10 / Y Y Y Y Y 03 / 10 / 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-317366 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95	
s	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 190 OF 350 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
A .	Full Name of Individual (Last, First, Middle Init Kundu, Nabarun, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050	- 1		03 / D D / Y Y Y Y 03 24 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-461679 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]
В.	Full Name of Individual (Last, First, Middle Init Kundu, Nabarun, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			04 / D D / Y Y Y Y 04 07 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-521500 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Kundu, Nabarun, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			04 21 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-682884 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.12]
s	UBTOTAL of Receipts This Page (optional)			346.17

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 OF 350 (check only one) Image: Check only one in the image: Check on the image
	y information copied from such Reports and St for commercial purposes, other than using the			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	, ,		
A.	Full Name of Individual (Last, First, Middle Initi Kundu, Nabarun, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			05 05 / Y Y Y Y 05 05 05 2017
	City	State	Zip Code	Transaction ID : A2017-737953
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Exe	cutive	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	33 - 3		1
	Other (specify)		1038.51]
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	
В.	Kundu, Nabarun, , ,			Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			05 19 2017
	City	State	Zip Code	Transaction ID : A2017-1074107
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1153.90]
<u> </u>	Full Name of Individual (Last, First, Middle Initi Kundu, Nabarun, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050			06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1108064
	Washington	DC	20006	Amount of Each Receipt this Period
				115.39
			upation (for Individual) cutive	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogalo		1
	Other (specify)	L	1269.29	1
s	UBTOTAL of Receipts This Page (optional)			346.17

TOTAL This Period (last page this line number only)				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	v information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Kundu, Nabarun, , , Mailing Address 1667 K Street NW Suite 1050	al) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : A2017-1211959
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Exe	upation (for Individual) cutive Year-to-Date ▼	Memo Item
	Other (specify) V		1384.68	
В.	Full Name of Individual (Last, First, Middle Initia Kundu, Nabarun, , , Mailing Address 1667 K Street NW Suite 1050	al) or Full C	organization Name	Date of Receipt
	City	State	Zip Code	06 30 2017
	Washington	DC	20006	Transaction ID : A2017-1328637 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07	
	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2413 Toftree Drive			01 27 Y Y Y Y 01 27 2017
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2017-56421 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)]		
s	JBTOTAL of Receipts This Page (optional)			▶ 346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBE (check only one) 11a 11b 13 14	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ne name and a			
Full Name of Individual (Last, First, Middle I A. Kurmakov, Aleksey, N, Mr., Mailing Address 2413 Toftree Drive	nitial) or Full C	Drganization Name		t 10 / Y Y Y Y Y 2017
City Harrisburg	State PA	Zip Code 17112	Transaction I	D : A2017-139458 h Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	cupation (for Individual)	Memo Iter	115.39 m
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		e President (Ex) e Year-to-Date ▼ 346.17		
Full Name of Individual (Last, First, Middle I B. Kurmakov, Aleksey, N, Mr., Mailing Address 2413 Toftree Drive City Harrisburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17112	02 Transaction II	t 24 2017 D : A2017-252873 h Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	cupation (for Individual) e President (Ex) e Year-to-Date ▼ 461.56	Memo Iter	n
Full Name of Individual (Last, First, Middle I C. Kurmakov, Aleksey, N, Mr., Mailing Address 2413 Toftree Drive	nitial) or Full C	Drganization Name		t 10 / Y Y Y Y 2017
City Harrisburg	State PA	Zip Code 17112		D : A2017-317272 h Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Iter	115.39 m
Receipt For: Primary General Other (specify)		• Year-to-Date ▼ 576.95	1	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	l) or Full C	Organization Name	Date of Receipt						
	Mailing Address 2413 Toftree Drive			03 24 2017						
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2017-461666 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	eupation (for Individual) e President (Ex)	Memo Item						
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 692.34							
В.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr., Mailing Address 2413 Toftree Drive	l) or Full C	Organization Name	Date of Receipt						
				04 07 2017						
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2017-521375 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 807.73							
С.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	l) or Full C	Organization Name	Date of Receipt						
•	Mailing Address 2413 Toftree Drive			04 21 2017						
	City Harrisburg	State PA	Zip Code 17112	Transaction ID : A2017-682754 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item						
	Receipt For:		Year-to-Date ▼	-						
	Primary General Other (specify)		923.12							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) PAGE 195 OF 350 X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	Drgar	ization Name	Date of Receipt						
	Mailing Address 2413 Toftree Drive				05 / D / Y Y Y Y 2017						
	City	State PA		Zip Code	Transaction ID : A2017-737824						
	Harrisburg	PA		17112	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident (Ex)	Memo Item						
	Receipt For:	Aggregate	Yea	r-to-Date 🔻							
	Primary General Other (specify) ▼		-	1038.51							
В.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	Drgar	ization Name	Date of Receipt						
	Mailing Address 2413 Toftree Drive				05 19 2017						
	City Harrisburg	State PA		Zip Code 17112	Transaction ID : A2017-1074038 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident (Ex)	Memo Item						
	Receipt For:	Aggregate	Yea	r-to-Date ▼							
	Primary General Other (specify) ▼		,	, 1153.90	1						
с.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	al) or Full C	Drgar	ization Name	Date of Receipt						
	Mailing Address 2413 Toftree Drive				06 / D / Y Y Y Y 06 / 02 / 2017						
	City Harrisburg	State PA		Zip Code 17112	Transaction ID : A2017-1107937						
FEC ID number of contributing federal political committee.					Amount of Each Receipt this Period						
Name of Employer (for Individual) Select Medical Corporation			•	ion (for Individual) sident (Ex)	Memo Item						
	Receipt For:	1		r-to-Date ▼	-						
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s	UBTOTAL of Receipts This Page (optional)				. 346.17						

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	l) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 2413 Toftree Drive				06 / D D / Y Y Y Y 06 16 2017					
	City	State		Zip Code	Transaction ID : A2017-1212029					
	Harrisburg	PA		17112	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident (Ex)	Memo Item					
	Receipt For:	Aggregate	Yea	r-to-Date 🔻						
	Primary General Other (specify) ▼		-7-	1384.68]					
В.	Full Name of Individual (Last, First, Middle Initia Kurmakov, Aleksey, N, Mr.,	ll) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 2413 Toftree Drive				06 30 2017					
	City Harrisburg	State PA		Zip Code 17112	Transaction ID : A2017-1328654 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident (Ex)	Memo Item					
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼	1					
	Other (specify) v	L	,	1500.07						
C.	Full Name of Individual (Last, First, Middle Initia Lacey, Mary, , ,	ll) or Full C	Drgar	ization Name	Date of Receipt					
	Mailing Address 44 Sunfire Avenue	1 -			01 / D D / Y Y Y Y 2017					
	City Camp Hill	State PA		Zip Code 17011	Transaction ID : A2017-56387					
	FEC ID number of contributing	C	-		Amount of Each Receipt this Period					
	federal political committee.									
	Name of Employer (for Individual) Select Medical Corporation	Occ VP	cupat	ion (for Individual)	Memo Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼						
	Primary General Other (specify)			230.78]					
s	UBTOTAL of Receipts This Page (optional)				346.17					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 197 OF 350 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initi-Lacey, Mary, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 44 Sunfire Avenue			02 10 / Y Y Y Y 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-139428 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Occ VP	supation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	1
– R	Full Name of Individual (Last, First, Middle Initi Lacey, Mary, , ,	al) or Full C	Drganization Name	Date of Receipt
υ.	Mailing Address 44 Sunfire Avenue			02 24 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-252904 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Occ VP	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Lacey, Mary, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 44 Sunfire Avenue			03 / D D / Y Y Y Y 03 10 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-317298 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Occ VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95]
s	UBTOTAL of Receipts This Page (optional)			346.17

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 OF 350 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Lacey, Mary, , , Mailing Address 44 Sunfire Avenue	al) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	03 24 2017 Transaction ID : A2017-461692
	Camp Hill	PA	17011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	VP	upation (for Individual)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34	1
в.	Full Name of Individual (Last, First, Middle Initia Lacey, Mary, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 44 Sunfire Avenue			04 07 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-521407 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Occ VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 807.73	1
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	
C.	Lacey, Mary, , , Mailing Address 44 Sunfire Avenue			Date of Receipt 04 21 2017
	City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-682787 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Occ VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.12]
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle I A. Lacey, Mary, , , Mailing Address 44 Sunfire Avenue	nitial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	05 05 2017 Transaction ID : A2017-737857
Camp Hill FEC ID number of contributing federal political committee.	РА	17011	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Year-to-Date ▼ 1038.51	Memo Item
B. Full Name of Individual (Last, First, Middle I Lacey, Mary, , , Mailing Address 44 Sunfire Avenue	nitial) or Full C	Organization Name	Date of Receipt
City Camp Hill FEC ID number of contributing	State PA	Zip Code 17011	05 19 2017 Transaction ID : A2017-1074071 Amount of Each Receipt this Period 115.39
federal political committee. Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153,90]
Full Name of Individual (Last, First, Middle I C. Lacey, Mary, , , Mailing Address 44 Sunfire Avenue	nitial) or Full C	Organization Name	Date of Receipt
City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-1107970 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	VP	upation (for Individual) Year-to-Date ▼ 1269.29	Memo Item
SUBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC		
Full Name of Individual (Last, First, Middle A. Lacey, Mary, , , Mailing Address 44 Sunfire Avenue	Initial) or Full C	Organization Name	Date of Receipt
City Camp Hill	State PA	Zip Code 17011	06 16 2017 Transaction ID : A2017-1211964 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Year-to-Date ▼ 1384.68	Memo Item
B. Lacey, Mary, , , Mailing Address 44 Sunfire Avenue	Initial) or Full C	Organization Name	Date of Receipt
City Camp Hill FEC ID number of contributing federal political committee.	State PA	Zip Code 17011	Transaction ID : A2017-1328687 Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	VP	Year-to-Date ▼ 1500.07	Memo Item
Full Name of Individual (Last, First, Middle C. Lewandowski, Bernard, , Mr., Mailing Address 26 Joseph Drive	Initial) or Full C	Organization Name	Date of Receipt
City Boiling Springs FEC ID number of contributing	State PA	Zip Code 17007	01 27 2017 Transaction ID : A2017-56484 Amount of Each Receipt this Period 115.39
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occ	upation (for Individual) e President (Ex) Year-to-Date ▼ 230.78	Memo Item
SUBTOTAL of Receipts This Page (optional)			346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 OF 350 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a		person for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle Ir A. Lewandowski, Bernard, , Mr., Mailing Address 26 Joseph Drive	nitial) or Full C	Organization Name	Date of Receipt
City Boiling Springs	State PA	Zip Code 17007	02 10 2017 Transaction ID : A2017-139420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e President (Ex) Year-to-Date ▼ 346.17	Memo Item
Full Name of Individual (Last, First, Middle Ir B. Lewandowski, Bernard, , Mr., Mailing Address 26 Joseph Drive City Boiling Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Vic Aggregate	Zip Code 17007 Cupation (for Individual) e President (Ex) Year-to-Date ▼ 461.56	Date of Receipt
Full Name of Individual (Last, First, Middle Ir C. Lewandowski, Bernard, , Mr., Mailing Address 26 Joseph Drive City Boiling Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	State PA C Occ Vice	Zip Code 17007	Date of Receipt
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95	1

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SUBTOTAL of Receipts This Page (optional)						34	6.17	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)												
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C												
Α.	Full Name of Individual (Last, First, Middle Ini Lewandowski, Bernard, , Mr.,	tial) or Full O	organization Name	Date of Receipt										
	Mailing Address 26 Joseph Drive			03 / Y Y Y Y 24 2017										
	City Boiling Springs	State PA	Zip Code 17007	Transaction ID : A2017-461683 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34											
В.	Full Name of Individual (Last, First, Middle Ini Lewandowski, Bernard, , Mr., Mailing Address 26 Joseph Drive	tial) or Full O	rganization Name	Date of Receipt										
	City Deiling Cosing	State PA	Zip Code	Transaction ID : A2017-521398										
	Boiling Springs FEC ID number of contributing federal political committee.	C	17007	Amount of Each Receipt this Period 115.39										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73											
с.	Full Name of Individual (Last, First, Middle Ini Lewandowski, Bernard, , Mr.,	tial) or Full O	organization Name	Date of Receipt										
	Mailing Address 26 Joseph Drive			04 / D D / Y Y Y Y 04 21 2017										
	City Boiling Springs	State PA	Zip Code 17007	Transaction ID : A2017-682777 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.12											

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	Full Name of Individual (Last, First, Middle Ini		Drganization Name	
Α.	La sula all' Dana and Ma	,		Date of Receipt
	Mailing Address 26 Joseph Drive	State	Zip Code	05 / 05 / 2017
	Boiling Springs	PA	17007	Transaction ID : A2017-737847 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		e President (Ex) Year-to-Date ▼ 1038.51	1
В.	Full Name of Individual (Last, First, Middle Ini Lewandowski, Bernard, , Mr., Mailing Address 26 Joseph Drive	tial) or Full C	Zip Code	Date of Receipt
	Boiling Springs	PA	17007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90	
c.		tial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 26 Joseph Drive	State	Zip Code	06 / 02 / 2017 Transaction ID : A2017-1107960
	Boiling Springs	PA	17007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1269.29	

SUBTOTAL of Receipts This Page (optional)			9		9	34	6.17	,	
TOTAL This Period (last page this line number only)	E		-]

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 OF 350 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Lewandowski, Bernard, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 26 Joseph Drive			06 / D / Y Y Y Y 06 / 16 / 2017
	City Bailing Springe	State PA	Zip Code 17007	Transaction ID : A2017-1212052
	Boiling Springs	FA	17007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President (Ex)	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1384.68	
В.	Full Name of Individual (Last, First, Middle Initia Lewandowski, Bernard, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 26 Joseph Drive			06 30 2017
	City	State	Zip Code	Transaction ID : A2017-1328677
	Boiling Springs	PA	17007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.07	7
<u> </u>	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive			03 / D D / Y Y Y Y 03 17 2017
	City Destin	State FL	Zip Code 32541	Transaction ID : A2017-438031 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Operations (Ex)	Memo Item
	Receipt For:	I	e Year-to-Date ▼	
	Primary General Other (specify)		230.82	
s	UBTOTAL of Receipts This Page (optional)			269.25

This Period (last page this line number only)	<u></u>	 -7-	 	-	 	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive			03 31 Y Y Y Y Y 2017
	City	State	Zip Code	Transaction ID : A2017-510011
	Destin	FL	32541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:		e President of Operations (Ex)	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		269.29	
B	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive			04 14 2017
	City	State	Zip Code	
	Destin	FL	32541	Transaction ID : A2017-666204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President of Operations (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76	1
— C.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 36 Indian Bayou Drive			04 28 2017
	City Destin	State FL	Zip Code 32541	Transaction ID : A2017-737957 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:	I	President of Operations (Ex)	_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.23	1
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	115.41

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)							
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Drga	nization Name	Date of Receipt					
	Mailing Address 36 Indian Bayou Drive				05 12 2017					
	City	State		Zip Code	Transaction ID : A2017-989696					
	Destin	FL		32541	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident of Operations (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 384.70						
В.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Drga	nization Name	Date of Receipt					
	Mailing Address 36 Indian Bayou Drive				05 26 2017					
	City Destin	State FL		Zip Code 32541	Transaction ID : A2017-1128605 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident of Operations (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 423.17						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	al) or Full C	Drga	nization Name	Date of Receipt					
	Mailing Address 36 Indian Bayou Drive				06 / D D / Y Y Y Y 2017					
	City Destin	State FL		Zip Code 32541	Transaction ID : A2017-1146329 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			38.47					
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident of Operations (Ex)	Memo Item					
	Receipt For:			ur-to-Date ▼						
	Primary General Other (specify)		100	461.64						
s	UBTOTAL of Receipts This Page (optional)			•••••	115.41					

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 207 OF 350 (check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12					
				13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Lindley, Lauren, B, Ms.,	l) or Full O	Organization Name	Date of Receipt					
	Mailing Address 36 Indian Bayou Drive	1		06 / D / Y Y Y Y 2017					
	City	State FL	Zip Code 32541	Transaction ID : A2017-1321461					
	Destin		32541	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Select Medical Corporation	Vice	e President of Operations (Ex)						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	· · · ·	500.11						
			7						
В.	Full Name of Individual (Last, First, Middle Initia Lutes, Adriane, L, Mrs.,	l) or Full O	Organization Name	Date of Receipt					
υ.	Mailing Address 2371 Pullman Way								
				06 02 2017					
	City	State	Zip Code	Transaction ID : A2017-1107925					
	Hummelstown	PA	17036	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President (Ex)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		, 211.64						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Lutes, Adriane, L, Mrs.,	l) or Full O	Organization Name	Date of Receipt					
	Mailing Address 2371 Pullman Way			06 / D D / Y Y Y Y 06 16 2017					
	City	State	Zip Code	Transaction ID : A2017-1212017					
	Hummelstown	PA	17036	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	Select Medical Corporation		ior Vice President (Ex)						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify)		230.88						
s	UBTOTAL of Receipts This Page (optional)		•	76.95					

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

S	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 208 OF 350						
	EMIZED RECEIPTS			rate schedule(s) category of the	(check only one)						
	EWIZED RECEIPTS			Summary Page	X 11a 11b 11c 12						
					13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization 1	Name							
Α.	Lutes, Adriane, L, Mrs.,				Date of Receipt						
	Mailing Address 2371 Pullman Way				06 30 2017						
	City Hummelstown	State PA	Zip Coc 17036		Transaction ID : A2017-1328642						
		FA	17030		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			19.24						
	Name of Employer (for Individual)	Occ	upation (for I	ndividual)	Memo Item						
	Select Medical Corporation	Ser	nior Vice Pres	ident (Ex)							
	Receipt For: Primary General	Aggregate	Year-to-Date	• 🔻							
	Other (specify) V			250.12	1						
					*						
Р	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization I	Name	Date of Descript						
в.	Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street				Date of Receipt						
	Maning Address 4145 Serenity Street				01 27 2017						
	City	State	Zip Coc	le	Transaction ID : A2017-56471						
	Schwenksville	PA	19473		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			115.39						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for e President (I	,	Memo Item						
	Receipt For:	Aggregate	Year-to-Date	• 🔻							
	Primary General Other (specify)	- · · ·		230.78	1						
			4	, 200.10	1						
C.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr.,	l) or Full C	Organization 1	Name	Date of Receipt						
	Mailing Address 4145 Serenity Street				02 10 Y Y Y Y Y						
	City	State	Zip Coc	le	Transaction ID : A2017-139467						
	Schwenksville	PA	19473		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			115.39						
	Name of Employer (for Individual)	Occ	upation (for I	ndividual)	Memo Item						
	Select Medical Corporation		President (E								
	Receipt For:	Aggregate	Year-to-Date								
	Other (specify)			346.17	1						
_			-7	7							
s	UBTOTAL of Receipts This Page (optional)			••••••	250.02						

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Any in or for NA S S A. M Ma Cit fee Na Se	AME OF COMMITTEE (In Full) elect Medical Corporation PAC III Name of Individual (Last, First, Middle Initi- Malatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation aceipt For: Primary General Other (specify) ▼	al) or Full O	ddress of any political committe	FOR LINE NUMBER: PAGE 209 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17 person for the purpose of soliciting contributions from such committee. Date of Receipt 02 24 2017 Transaction ID : A2017-252882 Amount of Each Receipt this Period 115.39 115.39 Memo Item Memo Item Memo Item 04 05 05
Any in or for NA S A. M Ma Cit FE fec Na Se	nformation copied from such Reports and Street commercial purposes, other than using the AME OF COMMITTEE (In Full) elect Medical Corporation PAC III Name of Individual (Last, First, Middle Initi- falatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation aceipt For: Primary General Other (specify) ▼	al) or Full O	for each category of the Detailed Summary Page ay not be sold or used by any ddress of any political committe rganization Name Zip Code 19473 upation (for Individual) e President (Ex) Year-to-Date ▼	Image: Second state sta
A. MA Fu A. M Ma Citi So FE fec Se	AME OF COMMITTEE (In Full) elect Medical Corporation PAC III Name of Individual (Last, First, Middle Initi- Malatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation aceipt For: Primary General Other (specify) ▼	al) or Full O	ay not be sold or used by any ddress of any political committe rganization Name Zip Code 19473 upation (for Individual) e President (Ex) Year-to-Date ▼	13 14 15 16 17 person for the purpose of soliciting contributions contributions feeto contributions Date of Receipt 02 24 2017 Transaction ID : A2017-252882 Amount of Each Receipt this Period
A. MA Fu A. M Ma Citi So FE fec Se	AME OF COMMITTEE (In Full) elect Medical Corporation PAC III Name of Individual (Last, First, Middle Initi- Malatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation aceipt For: Primary General Other (specify) ▼	al) or Full O	ddress of any political committe rganization Name Zip Code 19473 upation (for Individual) e President (Ex) Year-to-Date ▼	Date of Receipt Date of Receipt
A. MA Ma Citi Sc FE fec Sc Sc	AME OF COMMITTEE (In Full) Delect Medical Corporation PAC III Name of Individual (Last, First, Middle Initi Malatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation acceipt For: Primary General Other (specify) \checkmark	al) or Full O State PA C Occu Vice	rganization Name Zip Code 19473 upation (for Individual) e President (Ex) Year-to-Date ▼	Date of Receipt 02 24 2017 Transaction ID : A2017-252882 Amount of Each Receipt this Period 115.39
A. M Fu Ma Cit So FE fec Na Se	elect Medical Corporation PAC III Name of Individual (Last, First, Middle Initi Malatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation accept For: Primary General Other (specify) ▼	State PA C Vice	Zip Code 19473 upation (for Individual) e President (Ex) Year-to-Date ▼	Model 24 2017 Transaction ID : A2017-252882 Amount of Each Receipt this Period 115.39
A. Ma	Aalatesta, Michael, F, Mr., ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation eceipt For: Primary General Other (specify) ▼	State PA C Occu Vice	Zip Code 19473 upation (for Individual) e President (Ex) Year-to-Date ▼	Model 24 2017 Transaction ID : A2017-252882 Amount of Each Receipt this Period 115.39
Cit Cit So FE fec Na	ailing Address 4145 Serenity Street ty chwenksville EC ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation eceipt For: Primary General Other (specify) ▼	PA C Occu Vice	19473 upation (for Individual) President (Ex) Year-to-Date ▼	Model 24 2017 Transaction ID : A2017-252882 Amount of Each Receipt this Period 115.39
FE fec Na Se	chwenksville C ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation eceipt For: Primary General Other (specify) ▼	PA C Occu Vice	19473 upation (for Individual) President (Ex) Year-to-Date ▼	Transaction ID : A2017-252882 Amount of Each Receipt this Period 115.39
FE fec Na Se	chwenksville C ID number of contributing deral political committee. ame of Employer (for Individual) elect Medical Corporation eceipt For: Primary General Other (specify) ▼	PA C Occu Vice	19473 upation (for Individual) President (Ex) Year-to-Date ▼	Amount of Each Receipt this Period
fec Na Se	deral political committee. ame of Employer (for Individual) elect Medical Corporation eccipt For: Primary General Other (specify) ▼	Occu Vice	President (Ex) Year-to-Date ▼	115.39
Se	elect Medical Corporation eccipt For: Primary General Other (specify) ▼	Vice	President (Ex) Year-to-Date ▼	Memo Item
	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼	-
	Primary General Other (specify) ▼	Aggregate		
		L	461.56	
			7	
	III Name of Individual (Last, First, Middle Initi Ialatesta, Michael, F, Mr.,	al) or Full O	rganization Name	Date of Receipt
Ma	ailing Address 4145 Serenity Street			03 10 / Y Y Y Y 03 10 2017
Cit	ty	State	Zip Code	Transaction ID : A2017-317281
Sc	chwenksville	PA	19473	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
	ame of Employer (for Individual) lect Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		576.95	
	 Il Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	
	Alatesta, Michael, F, Mr.,			Date of Receipt
	ailing Address 4145 Serenity Street			M M / D / Y
Cit		State PA	Zip Code	Transaction ID : A2017-461642
	chwenksville		19473	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) President (Ex)	Memo Item
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		692.34	
SUB	TOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 OF 350 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	al) or Full C	Organization Name	Date of Receipt
	City Schwenksville	State PA	Zip Code 19473	04 07 2017 Transaction ID : A2017-521385 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e President (Ex) Year-to-Date ▼ 807.73	Memo Item
В.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	al) or Full C	Organization Name	Date of Receipt
	City Schwenksville FEC ID number of contributing federal political committee.	State PA	Zip Code 19473	Transaction ID : A2017-682764 Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12	
<u>с</u> .	, , , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4145 Serenity Street	State	Zip Code	05 / 2017 Transaction ID : A2017-737834
	Schwenksville FEC ID number of contributing	PA	19473	Amount of Each Receipt this Period
	federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 1038.51	Memo Item
s	UBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 OF 350 (check only one) ************************************
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Malatesta, Michael, F, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4145 Serenity Street			05 / D D / Y Y Y Y 05 19 2017
	City	State PA	Zip Code	Transaction ID : A2017-1074048
	Schwenksville	PA	19473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		4450.00	
	Other (specify) ▼		1153.90	
B.	Full Name of Individual (Last, First, Middle Initi Malatesta, Michael, F, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4145 Serenity Street			06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1107947
	Schwenksville	PA	19473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1269.29	
с.	Full Name of Individual (Last, First, Middle Initi Malatesta, Michael, F, Mr.,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 4145 Serenity Street			M M / D D / Y Y Y Y 06 16 2017
	City	State	Zip Code	Transaction ID : A2017-1212039
	Schwenksville	PA	19473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1384.68	
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SUBTOTAL of Receipts This Page (optional)										ю. I <i>I</i>	/
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	E.										
TOTAL This Period (last page this line number only)											
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 OF 350 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	l) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code 19473	06 30 2017 Transaction ID : A2017-1328664
	Schwenksville FEC ID number of contributing federal political committee.	C	19473	Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07	1
В.	Full Name of Individual (Last, First, Middle Initia Mann, Brian, , Mr.,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 1060 Trevorton Road	06 02 / Y Y Y Y 2017		
	City Coal Township	State PA	Zip Code 17866	Transaction ID : A2017-1107978 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mann, Brian, , Mr.,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 1060 Trevorton Road			06 16 2017
	City Coal Township	State PA	Zip Code 17866	Transaction ID : A2017-1211972 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) iinistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 230.88]
s	UBTOTAL of Receipts This Page (optional)			153.87

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

S	CHEDULE A (FEC Form 3X)				FOR L	INE NUMBER	R: PAGE 21	3 OF 35				
				e separate schedule(s) each category of the	(check	only one)						
				ailed Summary Page	X 1	1a 11b	11c 1	2				
					1	3 14	15 1	6 1				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not address	be sold or used by any pe of any political committee	erson for e to solici	the purpose of the contributions	of soliciting cont from such com	ributions mittee.				
\square	NAME OF COMMITTEE (In Full)											
	Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initia Mann, Brian, , Mr.,	al) or Full C	Organiza	ation Name	Da	te of Receipt						
	Mailing Address 1060 Trevorton Road				M	- M / D -		Y Y 7				
	City	State	7	p Code		06 3						
	Coal Township	PA		p Code 17866			: A2017-132869					
					Am	iount of Each	Receipt this Pe	riod				
	FEC ID number of contributing federal political committee.	C						19.24				
	Name of Employer (for Individual)	Occ	upation	(for Individual)	$+ \Gamma$	Memo Item						
	Select Medical Corporation		, ninistra	,								
	Receipt For:	Aggregate	Year-to	o-Date ▼								
	Primary General				1							
	Other (specify)		-gr- 1	250.12	4							
В.	Full Name of Individual (Last, First, Middle Initia Marshall, Christopher, L, Mr.,	al) or Full C	Organiza	ation Name	Da	to of Possint						
р.	Mailing Address 4966 Cline Hollow Road					te of Receipt						
		Ctoto	7:	n Cada		06 02 2017						
	City	State PA		p Code 15632			: A2017-110794					
	Export			15052	Am	iount of Each	Receipt this Pe	riod				
	FEC ID number of contributing federal political committee.	С						19.24				
			_			1 1 45 1		- 40.				
	Name of Employer (for Individual) Select Medical Corporation		upatior icer (Ex	n (for Individual) .)		Memo Item						
	Receipt For:	Aggregate	Year-to	o-Date ▼								
	Primary General				1							
	Other (specify) v	L	,	211.64	1							
С.	Full Name of Individual (Last, First, Middle Initia Marshall, Christopher, L, Mr.,	al) or Full C	Organiza	ation Name	Da	te of Receipt						
	Mailing Address 4966 Cline Hollow Road				M	06 / D						
	City	State	Zi	p Code	Т	ransaction ID	: A2017-12120	32				
	Export	PA	1	5632	Am	ount of Each	Receipt this Pe	riod				
	FEC ID number of contributing federal political committee.	С					. ,	19.24				
					- F	Memo Item						
	Name of Employer (for Individual) Select Medical Corporation		cer (Ex)	(for Individual)		Memo item						
	Receipt For:	Aggregate	Year-to	o-Date 🔻								
	Primary General			230.88	1							
	Other (specify)		-	230.00								
-												
	IIPTOTAL of Doppinto This Dopp (articas)				- Г			57.72				
18	UBTOTAL of Receipts This Page (optional)		•••••	••••••	• L		, ,					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Marshall, Christopher, L, Mr., Mailing Address 4966 Cline Hollow Road	al) or Full C	Organization Name	Date of Receipt
				06 30 2017
	City Export	State PA	Zip Code 15632	Transaction ID : A2017-1328657 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
В.	Full Name of Individual (Last, First, Middle Initia Martoccio, Debora, A, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4511 Gulfwinds Drive	1		06 / D D / Y Y Y Y 06 02 2017
	City Lutz	State FL	Zip Code 33558	Transaction ID : A2017-1108005 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
— c.	Full Name of Individual (Last, First, Middle Initia Martoccio, Debora, A, Mrs.,	al) or Full C	Organization Name	Date of Receipt
•	Mailing Address 4511 Gulfwinds Drive			06 16 2017
	City Lutz	State FL	Zip Code 33558	Transaction ID : A2017-1211998 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88]
s	UBTOTAL of Receipts This Page (optional)			57.72

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			for eac	eparate schedule(s) In category of the d Summary Page	FOR LINE NUMBER: PAGE 215 OF 350 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17					
Ar or	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									
Α.	Full Name of Individual (Last, First, Middle Initia Martoccio, Debora, A, Mrs.,	Date of Receipt								
	Mailing Address 4511 Gulfwinds Drive				06 30 2017					
	City Lutz	State FL	Zip C 335		Transaction ID : A2017-1328721 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			19.24					
	Name of Employer (for Individual) Select Medical Corporation		upation (fo	or Individual) (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	ate ▼ 250.12]					
в.	Name of Individual (Last, First, Middle Initial) or Full Organization Name				Date of Receipt					
	Mailing Address 5950 Fishing Creek Road	01 / Y Y Y Y 27 2017								
	City Nolensville	State TN	Zip C 371		Transaction ID : A2017-56426 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	a la st Ma d'a al Osma and fa a		upation (fo	or Individual) (Ex)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78]					
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McAlister, Michael, H, Mr.,				Date of Receipt					
	Mailing Address 5950 Fishing Creek Road				02 / D D / Y Y Y Y 10 2017					
	City Nolensville	State TN	Zip C 371:		Transaction ID : A2017-139488 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (fo	or Individual) Ex)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-D	ate ▼ 346.17]					
s	UBTOTAL of Receipts This Page (optional)				250.02					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 216 OF 350 (check only one)	
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
	y information copied from such Reports and Sta for commercial purposes, other than using the			13 14 15 16 17 person for the purpose of soliciting contributions be to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia McAlister, Michael, H, Mr.,	Date of Receipt			
	Mailing Address 5950 Fishing Creek Road	02 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Nolensville	State TN	Zip Code 37135	Transaction ID : A2017-252941 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56		
В.	Full Name of Individual (Last, First, Middle Initia McAlister, Michael, H, Mr.,	Name of Individual (Last, First, Middle Initial) or Full Organization Name Alister, Michael, H. Mr.,			
	Mailing Address 5950 Fishing Creek Road	Date of Receipt 03 10 2017			
	City Nolensville	State TN	Zip Code 37135	Transaction ID : A2017-317335 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	mary General Aggregate]	
<u> </u>	Full Name of Individual (Last, First, Middle Initia McAlister, Michael, H, Mr.,	Name of Individual (Last, First, Middle Initial) or Full Organization Name			
•.	Mailing Address 5950 Fishing Creek Road	Date of Receipt			
	City Nolensville	State TN	Zip Code 37135	Transaction ID : A2017-461592 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator (Ex)	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.34		
s	UBTOTAL of Receipts This Page (optional)			346.17	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 217 OF 350	
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12	
			Detailed Summary Page		
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;			
\angle	-				
Α.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 5950 Fishing Creek Road			04 / D D / Y Y Y Y 04 07 2017	
	City Nolensville	State TN	Zip Code 37135	Transaction ID : A2017-521445 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		115.39	
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item	
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) ▼		807.73]	
В.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 5950 Fishing Creek Road			04 21 2017	
	City	State	Zip Code	Transaction ID : A2017-682828	
	Nolensville	TN	37135	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	ů l			
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item	
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General Other (specify) ▼		, 923.12]	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 5950 Fishing Creek Road			05 / D D / Y Y Y Y 05 / 2017	
	City Nolensville	State TN	Zip Code 37135	Transaction ID : A2017-737897	
	FEC ID number of contributing federal political committee.	C	37133	Amount of Each Receipt this Period 115.39	
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item	
	Select Medical Corporation	1	ninistrator (Ex)		
	Receipt For: Primary General	Aggregate	Year-to-Date V	_	
	Other (specify)		1038.51]	
s	UBTOTAL of Receipts This Page (optional)			346.17	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 218 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
•••			Detailed Summary Page	▶ 11a 11b 11c 12
_				13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5950 Fishing Creek Road			05 19 2017
	City	State	Zip Code	Transaction ID : A2017-1073971
	Nolensville	TN	37135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation	Adn	ninistrator (Ex)	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		1153.90]
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name	
В.		,	C C C C C C C C C C C C C C C C C C C	Date of Receipt
	Mailing Address 5950 Fishing Creek Road	06 02 2017		
	City	State	Zip Code	Transaction ID : A2017-1108010
	Nolensville	TN	37135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
				Memo Item
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		1269.29]
				-
C.	Full Name of Individual (Last, First, Middle Initi McAlister, Michael, H, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5950 Fishing Creek Road			06 / 16 / Y Y Y Y 07 16
	City	State	Zip Code	Transaction ID : A2017-1212003
	Nolensville	TN	37135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify)	L	1384.68	1
Γ				346.17
1 s	UBTOTAL of Receipts This Page (optional)		······	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions et to solicit contributions from such committee.
	e of COMMITTEE (In Full) ect Medical Corporation PAC			
Full Name of Individual (Last, First, Middle Initial) or Fu A. McAlister, Michael, H, Mr.,			Organization Name	Date of Receipt
	ng Address 5950 Fishing Creek Road			06 30 2017
City Nole	ensville	State TN	Zip Code 37135	Transaction ID : A2017-1328726 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		115.39
	e of Employer (for Individual) ct Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07	
	Name of Individual (Last, First, Middle Initia Lain, Cynthia, G, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	ng Address 1120 South Albert Pike	01 27 2017		
City	Smith	State AR	Zip Code 72903	Transaction ID : A2017-56491
FEC	ID number of contributing al political committee.	C	12903	Amount of Each Receipt this Period
Nam Selec	e of Employer (for Individual) t Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78]
	Name of Individual (Last, First, Middle Initi Lain, Cynthia, G, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	ng Address 1120 South Albert Pike	02 10 / Y Y Y Y 02 10 2017		
City Fort	Smith	State AR	Zip Code 72903	Transaction ID : A2017-139438 Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		115.39
	e of Employer (for Individual) ct Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Rece	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.17]
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 OF 350 (check only one) 311a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle In McLain, Cynthia, G, Mrs.,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 1120 South Albert Pike			02 24 Y Y Y Y 2017
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2017-252914 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56	
Full Name of Individual (Last, First, Middle In B. McLain, Cynthia, G, Mrs., Mailing Address 1120 South Albert Pike	itial) or Full C	Organization Name	Date of Receipt
City Fort Smith FEC ID number of contributing federal political committee.	State AR	Zip Code 72903	03 10 2017 Transaction ID : A2017-317308 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adı	upation (for Individual) ministrator (Ex) Year-to-Date ▼ 576.95	Memo Item
Full Name of Individual (Last, First, Middle In C. McLain, Cynthia, G, Mrs.,	itial) or Full C	Drganization Name	Date of Receipt
Mailing Address 1120 South Albert Pike	State	Zip Code	03 24 2017 Transaction ID : A2017-461564
Fort Smith FEC ID number of contributing federal political committee.	AR	72903	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.34	
SUBTOTAL of Receipts This Page (optional)		•	346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 OF 350 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	.C		
Full Name of Individual (Last, First, Middle Ir A. McLain, Cynthia, G, Mrs.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1120 South Albert Pike	State	Zip Code	04 / 07 / 2017
Fort Smith	AR	72903	Transaction ID : A2017-521417
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73	1
Full Name of Individual (Last, First, Middle Ir B. McLain, Cynthia, G, Mrs.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1120 South Albert Pike			04 / D D / Y Y Y Y 04 21 2017
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2017-682799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 923.12]
Full Name of Individual (Last, First, Middle Ir C. McLain, Cynthia, G, Mrs.,	hitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1120 South Albert Pike			05 / D D / Y Y Y Y Y 2017
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2017-737869
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For:		Year-to-Date ▼	
Other (specify)		1038.51	1
SUBTOTAL of Receipts This Page (optional)			346.17

TOTAL This Period (last page this line number only)	
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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 OF 350 (check only one) I1a X 11a 11b I1c 12 13 14 15 16 17
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Full Name of Individual (Last, First, Middle Initial) of A. McLain, Cynthia, G, Mrs.,			rganization Name	Date of Receipt
_	ailing Address 1120 South Albert Pike	01-1-		05 / D D / Y Y Y Y 05 / 19 / 2017
	ity fort Smith	State AR	Zip Code 72903	Transaction ID : A2017-1074083 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
S	ame of Employer (for Individual) elect Medical Corporation eceipt For:	Adn	upation (for Individual) ninistrator (Ex)	Memo Item
n [Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90]
	ull Name of Individual (Last, First, Middle Initi McLain, Cynthia, G, Mrs.,	al) or Full C	rganization Name	Date of Receipt
_	ailing Address 1120 South Albert Pike			06 / 02 / Y Y Y Y 06 02 2017
	ity ort Smith	State AR	Zip Code 72903	Transaction ID : A2017-1107982 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269,29]
	ull Name of Individual (Last, First, Middle Initi McLain, Cynthia, G, Mrs.,	al) or Full C	rganization Name	Date of Receipt
_	ailing Address 1120 South Albert Pike			06 16 / Y Y Y Y 07 16 2017
	ity Fort Smith	State AR	Zip Code 72903	Transaction ID : A2017-1211976 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		115.39
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1384.68]
SUE	3TOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 OF 350 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia McLain, Cynthia, G, Mrs.,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 1120 South Albert Pike			06 30 Y Y Y Y Y Y 07 2017
	City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2017-1328699 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07]
В.	Full Name of Individual (Last, First, Middle Initia McLane, Kerry, , ,	al) or Full O	Prganization Name	Date of Receipt
	Mailing Address 3514 Dragons Ridge Rd			M M / D D / Y Y Y Y Y 06 30 2017
	City Panama City	State FL	Zip Code 32411	Transaction ID : A2017-1328698 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
с.	Full Name of Individual (Last, First, Middle Initia McMullen, John, W, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 207 Beech Street			04 D D / Y Y Y Y 21 2017
	City Shavertown	State PA	Zip Code 18708	Transaction ID : A2017-682870 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.82]
s	UBTOTAL of Receipts This Page (optional)			173.10

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SCHEDULE A (FEC F ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 OF 350 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17		
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Ful Select Medical Corpo					
Full Name of Individual (Last, F A. McMullen, John, W, ,		rganization Name	Date of Receipt		
	Mailing Address 207 Beech Street				
City Shavertown	State PA	Zip Code 18708	Transaction ID : A2017-737939 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		38.47		
Name of Employer (for Individu Select Medical Corporation	,	upation (for Individual) cutive	Memo Item		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 269.29]		
Full Name of Individual (Last, F B. McMullen, John, W, ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 207 Beech Stre	05 / Y Y Y Y 2017				
City Shavertown	State PA	Zip Code 18708	Transaction ID : A2017-1074014 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		38.47		
Name of Employer (for Individu Select Medical Corporation		upation (for Individual) cutive	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76]		
Full Name of Individual (Last, F C. McMullen, John, W, ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 207 Beech Stre	eet		M M / D D / Y Y Y Y 06 02 2017		
City Shavertown	State PA	Zip Code 18708	Transaction ID : A2017-1108051 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		38.47		
Name of Employer (for Individual Select Medical Corporation		upation (for Individual) cutive	Memo Item		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 346.23]		
SUBTOTAL of Receipts This Pag	l le (optional)		115.41		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 225 OF 350
т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay not be sold or used by any address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
\square	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi McMullen, John, W, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 207 Beech Street			06 16 / Y Y Y Y 07 16 2017
	City	State	Zip Code	Transaction ID : A2017-1211946
	Shavertown	PA	18708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item
	Receipt For:			
	Primary General	Ayyreyale	e Year-to-Date ▼	
	Other (specify) V	L	384.70	
в.	Full Name of Individual (Last, First, Middle Initi McMullen, John, W, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 207 Beech Street			06 30 2017
	City	State	Zip Code	Transaction ID : A2017-1328624
	Shavertown	PA	18708	Amount of Each Receipt this Period
	FEC ID number of contributing	\mathbf{C}		00.47
	federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		100.17	
	Other (specify)		423.17	-
с.	Full Name of Individual (Last, First, Middle Initi McNulty, James, , Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 208 Woodside Avenue			01 / Y Y Y Y 01 27 2017
	City	State	Zip Code	Transaction ID : A2017-56470
	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President of Operations	Memo Item
	Receipt For:	I	Year-to-Date ▼	
	Primary General	, iggi oguto		
	Other (specify)		230.78	
s	UBTOTAL of Receipts This Page (optional)			192.33
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 226 OF 350
IT	EMIZED RECEIPTS	for each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
/	Select Medical Corporation PAC			
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name	
Α.	McNulty, James, , Mr.,	-,	3	Date of Receipt
	Mailing Address 208 Woodside Avenue			
				02 10 2017
	City	State PA	Zip Code	Transaction ID : A2017-139466
	Narberth	FA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
	Select Medical Corporation		ior Vice President of Operations	
	Receipt For:		· ·	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	I	346.17	
			1 1	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	organization Name	
В.	McNulty, James, , Mr.,			Date of Receipt
	Mailing Address 208 Woodside Avenue	02 24 2017		
	City	State	Zip Code	Transaction ID : A2017-252881
	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing	С		115.39
	federal political committee.			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President of Operations	Memo Item
	Receipt For:		· ·	
	Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)	I	461.56	
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C.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 208 Woodside Avenue			M = M / D = D / Y = Y = Y = Y
		1		03 10 2017
	City	State	Zip Code	Transaction ID : A2017-317280
	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	0.55	unation (for Individual)	Memo Item
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President of Operations	
	Receipt For:	I	Year-to-Date ▼	
	Primary General	nyyieyale		
	Other (specify)	L	576.95	
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				01017
s	UBTOTAL of Receipts This Page (optional)		······)	346.17

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SC	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 227 OF 350
т			Use separate schedule(s)	(check only one)
			for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	/ information copied from such Reports and Sta for commercial purposes, other than using the r			
\square	NAME OF COMMITTEE (In Full)			
	Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 208 Woodside Avenue			03 / D D / Y Y Y Y Y 24 2017
	City	State	Zip Code	Transaction ID : A2017-461641
-	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President of Operations	Memo Item
	Receipt For:	Anareaste	Year-to-Date V	_
	Primary General	Aggregate		
	Other (specify)	L	692.34	
	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 208 Woodside Avenue			
		04 07 2017		
	City	State	Zip Code	Transaction ID : A2017-521384
	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President of Operations	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	.99.09410		1
	Other (specify) ▼	L	807.73	
С.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 208 Woodside Avenue			04 / D D / Y Y Y Y 21 2017
	City	State	Zip Code	Transaction ID : A2017-682763
	Narberth	PA	19072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Select Medical Corporation		nior Vice President of Operations	_
	Receipt For:		Year-to-Date V	
	Primary General	, ggi egale		
	Other (specify)		923.12	1
SI	JBTOTAL of Receipts This Page (optional)			346.17

TOTAL This Period (last page this line number only)	L				-10-	
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 228 OF 350 (check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
Α.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 208 Woodside Avenue			05 / D D / Y Y Y Y 05 05 2017						
	City Narberth	State PA	Zip Code 19072	Transaction ID : A2017-737833 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President of Operations	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51]						
В.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 208 Woodside Avenue			05 19 / Y Y Y Y 05 19 2017						
	City Narberth	State PA	Zip Code 19072	Transaction ID : A2017-1074047 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President of Operations	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90]						
— C.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	Organization Name	Date of Receipt						
•.	Mailing Address 208 Woodside Avenue			06 02 2017						
	City Narberth	State PA	Zip Code 19072	Transaction ID : A2017-1107946 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.39						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President of Operations	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1269.29]						
s	UBTOTAL of Receipts This Page (optional)			346.17						

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 229 OF 350					
IT	EMIZED RECEIPTS		for each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
			<u> </u>	13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the								
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
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Α.	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 208 Woodside Avenue			M M / D D / Y Y Y Y 06 16 2017					
	City	State	Zip Code	Transaction ID : A2017-1212038					
	Narberth	PA	19072	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item					
	Select Medical Corporation		ior Vice President of Operations						
	Receipt For:		· ·						
	Primary General	Aggregale	Year-to-Date ▼						
	Other (specify)	L	1384.68						
	Full Name of Individual (Last, First, Middle Initia McNulty, James, , Mr.,	al) or Full C	organization Name	Date of Receipt					
ь.	Mailing Address 208 Woodside Avenue								
	City	06 30 2017							
	Narberth	State PA	Zip Code 19072	Transaction ID : A2017-1328663					
		1.77	13072	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual)	Memo Item					
	·	Ser	nior Vice President of Operations						
	Receipt For: Primary General	Aggregate	Year-to-Date V						
	Other (specify)		1500.07	1					
			, , , ,	1					
C.	Full Name of Individual (Last, First, Middle Initia Mena, Theodore, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 4425 Indian Deer Rd			04 / D D / Y Y Y Y 04 21 2017					
	City	State	Zip Code	Transaction ID : A2017-682827					
	Windermere	FL	34786	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item					
	Receipt For:								
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		230.82						
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s	UBTOTAL of Receipts This Page (optional)			269.25					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Init Mena, Theodore, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 4425 Indian Deer Rd			M M / D D / Y Y Y Y 05 05 2017
	City Windermere	State FL	Zip Code 34786	Transaction ID : A2017-737896 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29	
в.	Full Name of Individual (Last, First, Middle Init Mena, Theodore, , , Mailing Address 4425 Indian Deer Rd	ial) or Full C	Organization Name	Date of Receipt
	City Windermere FEC ID number of contributing federal political committee.	State FL	Zip Code 34786	05 19 2017 Transaction ID : A2017-1073970 Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76	
<u>с.</u>	Full Name of Individual (Last, First, Middle Init Mena, Theodore, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 4425 Indian Deer Rd			06 02 2017
	City Windermere	State FL	Zip Code 34786	Transaction ID : A2017-1108009 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.23	
s	UBTOTAL of Receipts This Page (optional)		•	115.41

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 OF 3 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 1							
				y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Mena, Theodore, , ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 4425 Indian Deer Rd			M M / D D / Y Y Y Y 06 16 2017							
	City	State	Zip Code	Transaction ID : A2017-1212002							
	Windermere	FL	34786	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		384.70								
	Full Name of Individual (Last, First, Middle Initia Mena, Theodore, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 4425 Indian Deer Rd	06 30 2017									
	City Windermere	State FL	Zip Code 34786	Transaction ID : A2017-1328725 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date V								
	Other (specify)	L	423.17								
С.	Full Name of Individual (Last, First, Middle Initia Merryman, Angela, , ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 93 Lamont Dr.	01-1	7:0 0	06 / D D / Y Y Y Y Y 2017							
	City Irwin	State PA	Zip Code 15642	Transaction ID : A2017-1328681 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Select Medical Corporation			cupation (for Individual)	Memo Item							
	Receipt For:		Year-to-Date V								
	Primary General	nyyreyale		_							
	Other (specify)	L	211.64								
SI	JBTOTAL of Receipts This Page (optional)			96.18							

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 232 OF 350					
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Metz, Amy, , Ms.,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 1247 Dog Bluff Rd			06 / D D / Y Y Y Y 02 2017					
	City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : A2017-1108022 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]					
В.	Full Name of Individual (Last, First, Middle Initia Metz, Amy, , Ms.,	al) or Full C	Prganization Name	Date of Receipt					
	Mailing Address 1247 Dog Bluff Rd	M M / D D / Y Y Y Y 06 16 2017							
	City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : A2017-1211925 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) O/Administrator (Ex) - 001	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29]					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Metz, Amy, , Ms.,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 1247 Dog Bluff Rd	1 -	1	06 / ^Y Y Y Y 2017					
	City Galivants Ferry	State SC	Zip Code 29544	Transaction ID : A2017-1328746 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.76]					
s	UBTOTAL of Receipts This Page (optional)			115.41					

S	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 233 OF 350							
			Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
/	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Proanization Name								
Α.	Mullin, Thomas, P, Mr.,			Date of Receipt							
	Mailing Address 215 St James Court			01 / D D / Y Y Y Y Y 01 27 2017							
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-56391							
			17030	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		115.39							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Select Medical Corporation	Adn	ninistrator (Ex)	_							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	· · · ·	230.78								
	Other (specify) v		230.70	_							
_	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	Date of Receipt							
в.	Mullin, Thomas, P, Mr.,										
	Mailing Address 215 St James Court	01-1-	Zin Onda	02 / D D / Y Y Y Y 10 2017							
	City	State PA	Zip Code 17050	Transaction ID : A2017-139442							
	Mechanicsburg		17050	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item							
	Receipt For:		ministrator (Ex)								
	Primary General	Aggregate	Year-to-Date ▼	-							
	Other (specify)		, 346.17								
_	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,	l) or Full C	Drganization Name	Date of Receipt							
0.	Mailing Address 215 St James Court			02 24 2017							
	City	State	Zip Code	Transaction ID : A2017-252919							
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
				Memo Item							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)	· · · ·	461.56								
s	UBTOTAL of Receipts This Page (optional)			346.17							
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Select Medical Corporation F	ŶAC					
Full Name of Individual (Last, First, Middle A. Mullin, Thomas, P, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 215 St James Court	State	Zip Code	03 / 10 / 2017 Transaction ID : A2017-317313			
Mechanicsburg	PA	17050	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]			
Full Name of Individual (Last, First, Middle B. Mullin, Thomas, P, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 215 St James Court						
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-461569 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692,34]			
Full Name of Individual (Last, First, Middle C. Mullin, Thomas, P, Mr.,	e Initial) or Full C	Organization Name	Date of Receipt			
Mailing Address 215 St James Court			04 / D D / Y Y Y Y 04 07 2017			
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-521422 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		115.39			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73]			
SUBTOTAL of Receipts This Page (optional)		346.17			

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any information coded from such Reports and Statements may not be sold or used by any parson for the purposes of soliciting contributions from such committee. NAME: OF COMMITTEE (in Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Multin, Thomas, P, Mr., Mailing Address 215 St James Court City Mechanicsburg FEC ID number of contributing federal political committee. City Bull Name of Individual (Last, First, Middle Initial) or Full Organization (for Individual) Select Medical Coporation Administrator (Ex) Receipt For: Mailing Address 215 St James Court City											
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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Stator commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC									
A.	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,	al) or Full C	organization Name	Date of Receipt						
	Mailing Address 215 St James Court	State	Zip Code	06 02 2017 Transaction ID : A2017-1107987						
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period						
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29							
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	Mailing Address 215 St James Court	1-		06 / D D / Y Y Y Y 06 2017						
	City	State PA	Zip Code 17050	Transaction ID : A2017-1211981						
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	Mailing Address 215 St James Court			06 / D D / Y Y Y Y 2017						
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2017-1328704 Amount of Each Receipt this Period						
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S	JBTOTAL of Receipts This Page (optional)			346.17						

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

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	Mailing Address 608 Castlebrook Dr				M M / D D / Y Y Y Y 06 02 2017								
	City Prattville	State AL		Zip Code 36066	Transaction ID : A2017-1107993 Amount of Each Receipt this Period								
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	Mailing Address 608 Castlebrook Dr	06 / D D / Y Y Y Y 06 16 2017											
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	Mailing Address 608 Castlebrook Dr				06 / D D / Y Y Y Y 06 30 2017								
	City Prattville	State AL		Zip Code 36066	Transaction ID : A2017-1328710 Amount of Each Receipt this Period								
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	Mailing Address 24 3rd Street	State		Zip Code	01 / 27 / 2017 Transaction ID : A2017-56403
	Aspinwall	PA		15215	Amount of Each Receipt this Period
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	Mailing Address 24 3rd Street				02 / D D / Y Y Y Y Y 2017
	City Aspinwall	State PA		Zip Code 15215	Transaction ID : A2017-139480 Amount of Each Receipt this Period
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	City Aspinwall	State PA		Zip Code 15215	Transaction ID : A2017-252932 Amount of Each Receipt this Period
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s	UBTOTAL of Receipts This Page (optional)				346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 OF 350 (check only one) X 11a 11b 13 14 15 16 17										
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	, ,												
A.	Full Name of Individual (Last, First, Middle Initi Noro, Sharon, A, Mrs., Mailing Address 24 3rd Street	al) or Full C	rganization Name	Date of Receipt										
	City	State	Zip Code	03 10 2017 Transaction ID : A2017-317326										
	Aspinwall	PA	15215	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 576.95	Memo Item										
в.	Full Name of Individual (Last, First, Middle Initi Noro, Sharon, A, Mrs., Mailing Address 24 3rd Street	al) or Full C	rganization Name	Date of Receipt										
			1	03 24 2017										
	City	State	Zip Code	Transaction ID : A2017-461582										
	Aspinwall	PA	15215	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34											
— c.	Full Name of Individual (Last, First, Middle Initi Noro, Sharon, A, Mrs.,	al) or Full C	rganization Name	Date of Receipt										
	Mailing Address 24 3rd Street			04 07 Y Y Y Y 02017										
	City	State PA	Zip Code 15215	Transaction ID : A2017-521435										
	Aspinwall		15215	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73											
s	UBTOTAL of Receipts This Page (optional)			346.17										

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR L (check	only o	UMBER: one) 11b	PAGE	E 240 O	0F 350				
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	name and a			erson for	the pu	rpose of	soliciting	contribu	tions				
<u> </u>	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Orgar	nization Name										
Α.	Noro, Sharon, A, Mrs., Mailing Address 24 3rd Street				М	e of R 04	eceipt / 21	/ Y	ү ү 2017	Y				
	City	State PA		Zip Code	Т	ransac	tion ID :	A2017-6	82818					
	Aspinwall FEC ID number of contributing federal political committee.	C		15215	Am	ount o	f Each R	eceipt th	is Period 115.					
	Name of Employer (for Individual)		•	ion (for Individual)		Mem	o Item							
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼			trator (Ex) r-to-Date ▼ 923.12										
В.	Full Name of Individual (Last, First, Middle Init Noro, Sharon, A, Mrs., Mailing Address 24 3rd Street	State PA		Zip Code	Date of Receipt									
	Aspinwall FEC ID number of contributing federal political committee.	C	15215	Am	ount o	r Each R	eceipt th	is Period 115.	_					
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator (Ex)		Mem	o Item							
	Receipt For: Primary General Other (specify) ▼			r-to-Date ▼ 1038.51										
C.	Full Name of Individual (Last, First, Middle Init Noro, Sharon, A, Mrs., Mailing Address 24 3rd Street	tial) or Full C	Drgar	nization Name	М	e of R	/ D D	/ Y	Y Y	Ŷ				
	City	State		Zip Code		05 r ansac	19 tion ID :	A2017-1	2017 074101					
	Aspinwall FEC ID number of contributing federal political committee.	С		15215	Am	ount o	f Each R	eceipt th	is Period 115.	_				
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) trator (Ex)		Merr	io Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1153.90										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 241 OF

			Use separate schedule(s)	(check only one)											
111			for each category of the Detailed Summary Page		X 11a		11b	11c	12						
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
/	Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initia Noro, Sharon, A, Mrs.,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 24 3rd Street			06 / 02 / 2017 Transaction ID : A2017-1108000											
	City Aspinwall	State PA	Zip Code 15215					: A2017-1 Receipt th							
	FEC ID number of contributing federal political committee.	С						-	115.	39					
	Name of Employer (for Individual) Select Medical Corporation	upation (for Individual) ninistrator (Ex)		Me	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29	1											
в.	Full Name of Individual (Last, First, Middle Initia Noro, Sharon, A, Mrs.,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 24 3rd Street			06	1 ′	D 16		ү 2017	Y						
	City Aspinwall	State PA	Zip Code 15215				-	A2017-1 Receipt th							
	FEC ID number of contributing federal political committee.	С					-	· ·	115.	39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)		Me	emo	b Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1384.68												
С.	Full Name of Individual (Last, First, Middle Initia Noro, Sharon, A, Mrs.,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 24 3rd Street				^M 06	1	D 30		2017	Y					
	City Aspinwall	State PA	Zip Code 15215					: A2017-1 Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	7	115.	39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator (Ex)		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.07												
s	UBTOTAL of Receipts This Page (optional)			•					346.	17					
т	OTAL This Period (last page this line number on	lly)		•			, . , .	,							

9	HEDIII E A (EEC Form 3Y)		[FOR LINE NUMBER PAGE 242 OF 350										
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 242 OF 350 (check only one)										
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12										
			Detailed Summary Fage	13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initi O'Malley, Jon, P, Mr.,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 52477 Silent Ridge Drive			06 02 / Y Y Y Y 06 02 2017										
	City Chesterfield	State MI	Zip Code 48051	Transaction ID : A2017-1108011 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		19.24										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]										
В.	Full Name of Individual (Last, First, Middle Initi O'Malley, Jon, P, Mr.,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 52477 Silent Ridge Drive			06 16 2017										
	City Chesterfield	State MI	Zip Code 48051	Transaction ID : A2017-1212004 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		19.24										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230,88]										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi O'Malley, Jon, P, Mr.,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 52477 Silent Ridge Drive	01-1-	The Outle											
	City Chesterfield	State MI	Zip Code 48051	Transaction ID : A2017-1328727 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		19.24										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12]										
s	UBTOTAL of Receipts This Page (optional)			57.72										

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 OF 350 (check only one) Image: Market and the state an
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	NC		
Full Name of Individual (Last, First, Middle I A. Ortenzio, Robert, A, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1716 Olmsted Way East			M M / D D / Y Y Y Y 03 21 2017
City Camp Hill	State PA	Zip Code 17011	Transaction ID : A2017-448403 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5000.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify) ▼	1	ef Executive Officer (Ex) Year-to-Date ▼ 5000.00	
Full Name of Individual (Last, First, Middle I B. Ortenzio, Rocco, A, Mr., Mailing Address 7 Westwind Drive City	Nitial) or Full C	Zip Code	Date of Receipt
Lemoyne	PA	17043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive Chairman (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.62	
Full Name of Individual (Last, First, Middle I C. Ortenzio, Rocco, A, Mr., Mailing Address 7 Westwind Drive	nitial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	02 10 2017 Transaction ID : A2017-139446
Lemoyne	PA	17043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Chairman (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.93	

SUBTOTAL of Receipts This Page (optional)			y		ŋ		538	84.62	2]
TOTAL This Period (last page this line number only)		1	-		-	1		-]

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s)			LINE I			? :	F	PAGE	2	244	OF	;	350			
TEMIZED RECEIPTS		for each category of the Detailed Summary Page		×	11a		11b		-	Ic		12	г		1			
Any information copied from such Reports a or for commercial purposes, other than using						ourp				iting					17			
NAME OF COMMITTEE (In Full)	PAC																	
 Full Name of Individual (Last, First, Middl A. Ortenzio, Rocco, A, Mr., 	e Initial) or Full C	rganization Name		C	ate of	Red	ceipt											
Mailing Address 7 Westwind Drive				ſ	м м 02	1		^р 4	/	Y		017	Y					
City	State	Zip Code			Transa	cti	on ID	: A	201	17-25	<u>;29</u>	88						
Lemoyne	PA	17043		Α	mount	of I	Each	Red	ceip	ot this	s P	Perio	d					
FEC ID number of contributing federal political committee.	C						,			7		192	2.31					
Name of Employer (for Individual) Select Medical Corporation	upation (for Individual) cutive Chairman (Ex)			Mei	mo	Item												
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 769.24	1																
3. Ortenzio, Rocco, A, Mr., Mailing Address 7 Westwind Drive							Date of Receipt											
City	State PA	Zip Code	-		Transa		-		-									
Lemoyne	PA	17043		A	mount	of I	Each	Red	ceip	ot this	s P	'erio	d					
FEC ID number of contributing federal political committee.	C	C					192.31											
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive Chairman (Ex)		1	Me	mo	Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.55]															
Full Name of Individual (Last, First, Middl C. Ortenzio, Rocco, A, Mr.,	e Initial) or Full C	rganization Name		C	ate of	Red	ceipt											
Mailing Address 7 Westwind Drive		- 1		I	^M 03	/	2	4	/	Y	20	017 [°]	Y					
City	State	Zip Code	Ļ	_	Transa	icti	on ID	: A	20	17-46	516	53						
Lemoyne	PA	17043	Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	С						,			,		192	2.31					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Chairman (Ex)			Me	mo	ltem											

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SUBTOTAL of Receipts This Page (optional)		L		9		9	57	6.93	
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TOTAL This Period (last page this line number	only)		 	7	 	-		- 19	_

7

1153.86

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Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3	SX)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 245 OF (check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16											
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC													
Full Name of Individual (Last, First, Mid Ortenzio, Rocco, A, Mr.,	dle Initial) or Full C	Drganization Name	Date of Receipt											
Mailing Address 7 Westwind Drive			M M / D D / Y Y Y Y 04 07 2017											
City Lemoyne	State PA	Zip Code 17043	Transaction ID : A2017-521362 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		192.31											
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive Chairman (Ex)	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.17												
Full Name of Individual (Last, First, Mid Ortenzio, Rocco, A, Mr.,	dle Initial) or Full C	Drganization Name	Date of Receipt											
Mailing Address 7 Westwind Drive			04 21 2017											
City Lemoyne	State PA	Zip Code 17043	Transaction ID : A2017-682741 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		192.31											
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive Chairman (Ex)	Memo Item											
Receipt For:		Year-to-Date V												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ortenzio, Rocco, A. Mr. С

General

Primary

Other (specify)

Crtenzio, Rocco, A, Mr.,	Date of Receipt						
Mailing Address 7 Westwind Drive	M M / D D / Y Y Y Y 05 05 2017						
City	/ State Zip Code						
Lemoyne	PA	17043	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	192.31						
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
Select Medical Corporation	Execut	tive Chairman (Ex)					
Receipt For: Primary General Other (specify)							
SUBTOTAL of Receipts This Page (optional)	576.93						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٨C							
Full Name of Individual (Last, First, Middle A. Ortenzio, Rocco, A, Mr.,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7 Westwind Drive			05 19 2017					
City Lemoyne	State PA	Zip Code 17043	Transaction ID : A2017-1074025 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		192.31					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Chairman (Ex)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.10]					
Full Name of Individual (Last, First, Middle B. Ortenzio, Rocco, A, Mr., Mailing Address 7 Westwind Drive	Initial) or Full C	Zip Code	Date of Receipt					
Lemoyne	PA	17043	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		192.31					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Chairman (Ex)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.41]					
Full Name of Individual (Last, First, Middle C. Ortenzio, Rocco, A, Mr.,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7 Westwind Drive			06 / Y Y Y Y 06 2017					
City Lemoyne	State PA	Zip Code 17043	Transaction ID : A2017-1212016					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive Chairman (Ex)	Memo Item					
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SUBTOTAL of Receipts This Page (optional)				,		y	576	6.93	
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Other (specify)

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 247 OF

350

11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		_	1a 3		11b		11c 15		12 16	17
	ny information copied from such Reports and Stat for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initial Ortenzio, Rocco, A, Mr.,	Date of Receipt												
	Mailing Address 7 Westwind Drive					06 30 2017								
City State Lemoyne PA				Zip Code 17043	Transaction ID : A2017-1328641 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							-	_		_	192.3	31
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) /e Chairman (Ex)		C	Me	emo	lter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2500.03										
в.	Full Name of Individual (Last, First, Middle Initial Pegler, William, L, Mr.,) or Full C	Drgar	nization Name		Da	te of	Re	ceip	ot				
	Mailing Address 4714 Gettysburg Road					М	01 ^M	/	D	27	/ Y	201	ү 17	Y
	City Mechanicsburg	StateZip CodePA17055									2017-5			
	FEC ID number of contributing federal political committee.	С	115.39						39					
	Name of Employer (for Individual) Select Medical Corporation			Occupation (for Individual) Vice President Operations (Ex) - 0						Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 230.78										
с.	Full Name of Individual (Last, First, Middle Initial Pegler, William, L, Mr.,) or Full C	Drgar	nization Name		Da	te of	Re	ceip	t				
	Mailing Address 4714 Gettysburg Road					M	02 ^M	/	D	10 ^D	/ Y	201	۲ 17	Y
City MechanicsburgState PAFEC ID number of contributing federal political committee.C				Zip Code 17055	Transaction ID : A2017-139398 Amount of Each Receipt this Period									
				· · · · · · · · · · · · · · · · · · ·							,	_	115.3	39
Name of Employer (for Individual) Select Medical Corporation Receipt For:			Occupation (for Individual) Vice President Operations (Ex) - 0						ltei	m				
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 346.17										
s	UBTOTAL of Receipts This Page (optional)			•			_		9	-	9	_	423.0	9
т	OTAL This Period (last page this line number on	ly)		••••••					,					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248 OF 350 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Stat for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	l) or Full C	Organization Name	Date of Receipt					
	Mailing Address 4714 Gettysburg Road			02 24 2017					
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-252974 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Operations (Ex) - 0	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56]					
–	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	l) or Full C	Organization Name	Date of Receipt					
υ.	Mailing Address 4714 Gettysburg Road			03 10 2017					
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-317353 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President Operations (Ex) - 0	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	l) or Full C	Organization Name	Date of Receipt					
	Mailing Address 4714 Gettysburg Road	State	Zip Code	03 / D D / Y Y Y Y 24 2017					
	Mechanicsburg	PA	17055	Transaction ID : A2017-461633 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.39					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Operations (Ex) - 0	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.34]					
s	UBTOTAL of Receipts This Page (optional)			346.17					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 4714 Gettysburg Road			04 07 2017				
	City	State	Zip Code	Transaction ID : A2017-521486				
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item				
	Select Medical Corporation	Vice	e President Operations (Ex) - 0					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Other (specify) ▼		807.73					
в.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 4714 Gettysburg Road			04 21 2017				
	City	State	Zip Code	Transaction ID : A2017-682869				
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President Operations (Ex) - 0	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12					
с.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 4714 Gettysburg Road			05 05 / Y Y Y Y 05 05 2017				
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-737938				
			17035	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		115.39				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item				
	Select Medical Corporation	Vice	e President Operations (Ex) - 0	_				
	Receipt For:	Aggregate	Year-to-Date V					
	Other (specify)		1038.51					
s	UBTOTAL of Receipts This Page (optional)			346.17				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road	State	Zip Code	05 19 2017 Transaction ID : A2017-1074013
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Operations (Ex) - 0	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90]
в.	Full Name of Individual (Last, First, Middle Initi Pegler, William, L, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road	Otata	Zin Onda	06 / 02 / Y Y Y Y 2017
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1108050
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Operations (Ex) - 0	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.29]
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road			06 / D D / Y Y Y Y 06 16 2017
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1211945 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President Operations (Ex) - 0	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1384.68]
s	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 OF 350 (check only one) 11a 11a 11b 13 14
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Road			06 / D D / Y Y Y Y 2017
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1328623 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President Operations (Ex) - 0	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07	
В.	Full Name of Individual (Last, First, Middle Initia Pennington, Kimberly, , , Mailing Address 1990 Scotts Ferry RD	al) or Full C	Organization Name	Date of Receipt
	City Versailles	State KY	Zip Code 40383	04 21 2017 Transaction ID : A2017-682881 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82	
с.	Full Name of Individual (Last, First, Middle Initia Pennington, Kimberly, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1990 Scotts Ferry RD			05 / D / Y Y Y Y 05 / 05 / 2017
	City Versailles	State KY	Zip Code 40383	Transaction ID : A2017-737950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation			upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 269.29	
s	UBTOTAL of Receipts This Page (optional)		••••••	192.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 OF 350 (check only one) I1a 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)				
Α.	Full Name of Individual (Last, First, Middle Init Pennington, Kimberly, , ,	ial) or Full C	Organization Name	Date of Receipt		
	Mailing Address 1990 Scotts Ferry RD	05 19 2017				
	City Versailles	State KY	Zip Code 40383	Transaction ID : A2017-1074104 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		38.47		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 307.76			
— B	Full Name of Individual (Last, First, Middle Init Pennington, Kimberly, , ,	ial) or Full C	Organization Name	Date of Receipt		
υ.	Mailing Address 1990 Scotts Ferry RD	06 02 2017				
	City Versailles	State KY	Zip Code 40383	Transaction ID : A2017-1108061 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		38.47		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23			
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Pennington, Kimberly, , ,	ial) or Full C	Organization Name	Date of Receipt		
	Mailing Address 1990 Scotts Ferry RD			06 16 Y Y Y Y 07 16 2017		
	City Versailles	State KY	Zip Code 40383	Transaction ID : A2017-1211956 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		38.47		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.70			
s	UBTOTAL of Receipts This Page (optional)		······ •	115.41		
Т	OTAL This Period (last page this line number of	only)	•••••			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Pennington, Kimberly, , ,	al) or Full C	Orgar	nization Name	Date of Receipt
	Mailing Address 1990 Scotts Ferry RD				M M / D D / Y Y Y Y 06 30 2017
	City Versailles	State KY		Zip Code 40383	Transaction ID : A2017-1328634
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		upat ecutiv	tion (for Individual) ve	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 423.17]
В.	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive				03 24 2017
	City Dublin	State OH		Zip Code 43017	Transaction ID : A2017-461616 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) strator (Ex)	Memo Item
	Receipt For:	Aggregate	Yea	ur-to-Date ▼ 230.82]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive				04 / D D / Y Y Y Y 04 07 2017
	City Dublin	State OH		Zip Code 43017	Transaction ID : A2017-521469 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) trator (Ex)	Memo Item
	Receipt For:	Aggregate	Yea	ar-to-Date ▼	
	Other (specify)		-	269.29]
s	UBTOTAL of Receipts This Page (optional)				115.41

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Pettrey, Lisa, J, Mrs., Mailing Address 5625 Preswick Drive	al) or Full C	Drganization Name	Date of Receipt 04 / 21 / 2017 Transaction ID : A2017-682852
	Dublin	OH	43017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76]
в.	Full Name of Individual (Last, First, Middle Initi Pettrey, Lisa, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			05 / 05 / Y Y Y Y 05 05 2017
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2017-737921 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Pettrey, Lisa, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			05 / D D / Y Y Y Y 2017
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2017-1073996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.70]
s	UBTOTAL of Receipts This Page (optional)			115.41

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

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 255 OF 350 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
A.	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			06 / Y Y Y Y 06 02 2017
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2017-1108035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.17]
в.	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			06 / D D / Y Y Y Y 06 16 2017
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2017-1211930 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461,64]
— c.	Full Name of Individual (Last, First, Middle Initia Pettrey, Lisa, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5625 Preswick Drive			06 30 2017
	City Dublin	State OH	Zip Code 43017	Transaction ID : A2017-1328608 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.11	1
s	UBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	`		
A.	Full Name of Individual (Last, First, Middle Init Plumlee, Steve, C, Mr.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 12311 Bonnybridge Lane			06 02 2017
	City	State TN	Zip Code	Transaction ID : A2017-1107958
	Knoxville	_	37922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:		ninistrator (Ex)	
	Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) V		211.64	1
	Full Name of Individual (Last, First, Middle Init Plumlee, Steve, C, Mr.,	ial) or Full C	organization Name	Date of Receipt
р.	Mailing Address 12311 Bonnybridge Lane			
	City	06 16 2017		
	Knoxville	State TN	Zip Code 37922	Transaction ID : A2017-1212050 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		, 230.88	
C.	Full Name of Individual (Last, First, Middle Init Plumlee, Steve, C, Mr.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 12311 Bonnybridge Lane			06 / D D / Y Y Y Y Y 06 30 2017
	City Knoxville	State TN	Zip Code 37922	Transaction ID : A2017-1328675 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12	
s	UBTOTAL of Receipts This Page (optional)		•••••	57.72
Т	OTAL This Period (last page this line number of	only)	••••••	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 257 OF 350 (check only one)
				ailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
<u>к</u>	Full Name of Individual (Last, First, Middle Initia Polo, Fabian, E, Mr.,	al) or Full O	Organiza	tion Name	Date of Receipt
	Mailing Address 4713 Parkhaven Dr.				M M / D D / Y Y Y Y 06 02 2017
	City Garland	State TX		o Code 75043	Transaction ID : A2017-1108040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) ating Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 211.64	
В.	Full Name of Individual (Last, First, Middle Initia Polo, Fabian, E, Mr.,	al) or Full O	Organiza	tion Name	Date of Receipt
	Mailing Address 4713 Parkhaven Dr.				06 16 2017
	City Garland	State TX		5043	Transaction ID : A2017-1211935 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		•	(for Individual) ating Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 230.88	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Polo, Fabian, E, Mr.,	al) or Full O	Organiza	tion Name	Date of Receipt
	Mailing Address 4713 Parkhaven Dr.	1			06 / D D / Y Y Y Y Y 2017
	City Garland	State TX	· · ·	o Code 5043	Transaction ID : A2017-1328613 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For:		ef Opera	(for Individual) ating Officer (Ex) -Date ▼	Memo Item
_	Other (specify)		ар. I	250.12	
s	UBTOTAL of Receipts This Page (optional)			•	57.72

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258 OF 350 (check only one) I1a I1a 11b 11c I3 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
A.	Full Name of Individual (Last, First, Middle Initi Quinn, John, C, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 381 Longwood Drive			06 02 2017
	City Meridian	State MS	Zip Code 39305	Transaction ID : A2017-1108026
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:		ninistrator (Ex)	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
— R	Full Name of Individual (Last, First, Middle Initi Quinn, John, C, Mr.,	al) or Full C	Prganization Name	Date of Receipt
υ.	Mailing Address 381 Longwood Drive	06 16 2017		
	City Meridian	State MS	Zip Code 39305	Transaction ID : A2017-1212008 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Quinn, John, C, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 381 Longwood Drive			06 / D D / Y Y Y Y 06 30 2017
	City Meridian	State MS	Zip Code 39305	Transaction ID : A2017-1328731 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		, 19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12	
s	UBTOTAL of Receipts This Page (optional)			57.72
Т	OTAL This Period (last page this line number c	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 259 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle In A. Radford, Jeffrey, , ,	iitial) or Full C	Organization Name	Date of Receipt
Mailing Address 15413 Monticello Drive			M M / D D / Y Y Y Y 06 02 2017
City Bristol	State VA	Zip Code 24202	Transaction ID : A2017-1108008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	upation (for Individual) ninistrator EX Year-to-Date ▼	Memo Item
Other (specify) ▼		211.64]
Full Name of Individual (Last, First, Middle In B. Radford, Jeffrey, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 15413 Monticello Drive			06 / Y Y Y Y 06 16 2017
City Bristol	State VA	Zip Code 24202	Transaction ID : A2017-1212001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator EX	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88]
Full Name of Individual (Last, First, Middle In C. Radford, Jeffrey, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 15413 Monticello Drive			06 30 / Y Y Y Y 2017
City Bristol	State VA	Zip Code 24202	Transaction ID : A2017-1328724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	s a l		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12]
SUBTOTAL of Receipts This Page (optional)			57.72

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 20528 Lagoona Drive			03 / D D / Y Y Y Y 2017		
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2017-461573 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		38.47		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82			
в.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 20528 Lagoona Drive	04 07 2017				
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2017-521426 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		38.47		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29			
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	al) or Full C	Organization Name	Date of Receipt		
	Mailing Address 20528 Lagoona Drive			04 / Y Y Y Y 04 21 2017		
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2017-682809 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		38.47		
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) President (Ex)	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.76			
s	UBTOTAL of Receipts This Page (optional)		•	115.41		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS					FOR LINE NUMBER: PAGE 261 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	rganization Name		Date of Receipt
	Mailing Address 20528 Lagoona Drive				05 05 / Y Y Y Y 05 05 05 2017
	City	State	Zip Code		Transaction ID : A2017-737879
	Cornelius	NC	28031		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individua President (Ex)	al)	Memo Item
	Bosoint For:		. ,		-
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼			346.23	
В.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	rganization Name		Date of Receipt
	Mailing Address 20528 Lagoona Drive				05 19 2017
	City	State	Zip Code		
	Cornelius	NC	28031		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President (Ex)			Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify)		<u>, , , , ,</u>	384.70	
C.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	rganization Name		Date of Receipt
	Mailing Address 20528 Lagoona Drive				M M / D D / Y Y Y Y 06 02 2017
	City Cornelius	State NC	Zip Code 28031		Transaction ID : A2017-1107992 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual)		upation (for Individu	al)	Memo Item
	Select Medical Corporation	Vice	President (Ex)		4
		Aggregate	Year-to-Date 🔻		
	Other (specify)			423.17	
s	UBTOTAL of Receipts This Page (optional)				115.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
A. Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	tial) or Full C	organization Name	Date of Receipt
City Cornelius	State NC	Zip Code 28031	06 16 2017 Transaction ID : A2017-1211986
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 461.64	Memo Item
Full Name of Individual (Last, First, Middle Ini B. Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive			
City Cornelius	State NC	Zip Code 28031	06 30 2017 Transaction ID : A2017-1328709 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) e President (Ex)	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11]
C. Full Name of Individual (Last, First, Middle Ini Riska, Marilouise, , Mrs., Mailing Address 30093 Orchards Lane	tial) or Full C	organization Name	Date of Receipt
City New Hudson	State MI	Zip Code 48165	03 24 2017 Transaction ID : A2017-461613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 230.82	Memo Item
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	115.41

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 263 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 30093 Orchards Lane	_		04 07 Y Y Y Y 04 07 2017
	City New Hudson	State MI	Zip Code 48165	Transaction ID : A2017-521466 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	ninistrator (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29	1
В.	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	l) or Full C	Organization Name	Date of Receipt
-	Mailing Address 30093 Orchards Lane			04 21 2017
	City New Hudson	State MI	Zip Code 48165	Transaction ID : A2017-682849 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 30093 Orchards Lane	1		05 / 05 / Y Y Y Y 05 05 2017
	City New Hudson	State MI	Zip Code 48165	Transaction ID : A2017-737918 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.23]
s	UBTOTAL of Receipts This Page (optional)			115.41

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 264 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC		
Full Name of Individual (Last, First, Middle A. Riska, Marilouise, , Mrs.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 30093 Orchards Lane			05 19 2017
City New Hudson	State MI	Zip Code 48165	Transaction ID : A2017-1073993 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adr	upation (for Individual) ninistrator (Ex)	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.70]
Full Name of Individual (Last, First, Middle B. Riska, Marilouise, , Mrs.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 30093 Orchards Lane			06 / D D / Y Y Y Y 06 02 2017
City New Hudson	State MI	Zip Code 48165	Transaction ID : A2017-1108032 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.17]
Full Name of Individual (Last, First, Middle C. Riska, Marilouise, , Mrs.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 30093 Orchards Lane			06 / Y Y Y Y 06 16 2017
City New Hudson	State MI	Zip Code 48165	Transaction ID : A2017-1211927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.64]
SUBTOTAL of Receipts This Page (optional)			115.41

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 265 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Riska, Marilouise, , Mrs.,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 30093 Orchards Lane	01-1-		7:0.001	06 / D D / Y Y Y Y 06 2017
	City New Hudson	State MI		Zip Code 48165	Transaction ID : A2017-1328748 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) trator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.11	
в.	Full Name of Individual (Last, First, Middle Initia Rogitz, Kristin, A, Mrs.,	al) or Full C	Drgai	nization Name	Date of Receipt
	Mailing Address 4851 E Augusta Avenue	06 / 02 / 2017			
	Chandler	State AZ		Zip Code 85249	Transaction ID : A2017-1107926 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 211.64	
С.	Full Name of Individual (Last, First, Middle Initia Rogitz, Kristin, A, Mrs.,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 4851 E Augusta Avenue			1	06 / D D / Y Y Y Y 06 16 2017
	City Chandler	State AZ		Zip Code 85249	Transaction ID : A2017-1212018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 230.88	
s	UBTOTAL of Receipts This Page (optional)			•••••	76.95

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 266 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
Full Name of Individual (Last, First, Middle I A. Rogitz, Kristin, A, Mrs., Mailing Address 4851 E Augusta Avenue	nitial) or Full C	Organization Name	Date of Receipt
City Chandler	State AZ	Zip Code 85249	Transaction ID : A2017-1328643 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
B. Rolsen, Timothy, J, Mr., Mailing Address 17387 Creekside Circle	nitial) or Full C	Organization Name	Date of Receipt
City North Royalton	State OH	Zip Code 44133	06 02 2017 Transaction ID : A2017-1108031 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64	1
Full Name of Individual (Last, First, Middle I C. Rolsen, Timothy, J, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 17387 Creekside Circle City North Royalton	State OH	Zip Code 44133	Mod / D D / Y Y Y 06 16 / 2017 Transaction ID : A2017-1212013 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88]
SUBTOTAL of Receipts This Page (optional)			57.72

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SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 267 OF 350 (check only one) 11a 11a 11b 13 14
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corpora	ation PAC		
Full Name of Individual (Last, Fir A. Rolsen, Timothy, J, Mr.,	st, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 17387 Creekside	e Circle		06 30 2017
City North Royalton	State OH	Zip Code 44133	Transaction ID : A2017-1328736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼ 250.12	Memo Item
Full Name of Individual (Last, Fir B. Rubel, Jason, , Doctor, Mailing Address 2027 Sun Flower		rganization Name	Date of Receipt
City Chesterfield FEC ID number of contributing federal political committee.	State MO	Zip Code 63017	05 26 2017 Transaction ID : A2017-1128610 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual Select Medical Corporation	,	upation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
Full Name of Individual (Last, Fir C. Rubel, Jason, , Doctor,	st, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2027 Sun Flowe	r Ct.		M M / D D / Y Y Y Y 06 09 2017
City Chesterfield	State MO	Zip Code 63017	Transaction ID : A2017-1146334 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) President (Ex) Year-to-Date ▼ 230.88	Memo Item
SUBTOTAL of Receipts This Page	(optional)	······	57.72

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions te to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٩C					
Full Name of Individual (Last, First, Middle I A. Rubel, Jason, , Doctor,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 2027 Sun Flower Ct.			06 / D D / Y Y Y Y 06 23 2017			
City Chesterfield	State MO	Zip Code 63017	Transaction ID : A2017-1321466 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		19.24			
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) e President (Ex)	Memo Item			
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]			
Full Name of Individual (Last, First, Middle I B. Rusignuolo, Brian, R, Mr.,	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1339 Sconsett Way	Mailing Address 1339 Sconsett Way					
City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-56475 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President (Ex)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.62]			
Full Name of Individual (Last, First, Middle I C. Rusignuolo, Brian, R, Mr.,	Initial) or Full C	Prganization Name	Date of Receipt			
Mailing Address 1339 Sconsett Way	· · · · · · · · · · · · · · · · · · ·					
City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-139471 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		192.31			
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.93]			
SUBTOTAL of Receipts This Page (optional)			403.86			

S	HEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 269 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	l) or Full C	rganization Name	
Α.	Rusignuolo, Brian, R, Mr.,		-	Date of Receipt
	Mailing Address 1339 Sconsett Way		7.0	02 / D D / Y Y Y Y Y 24 2017
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-252886
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.24]
В.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	l) or Full C	rganization Name	Date of Receipt
	Mailing Address 1339 Sconsett Way	03 10 2017		
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-317343 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.55]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	l) or Full C	rganization Name	Date of Receipt
•.	Mailing Address 1339 Sconsett Way	1-		03 / D D / Y Y Y Y 24 2017
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-461646
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.86]
s	UBTOTAL of Receipts This Page (optional)			576.93

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 270 OF 350 (check only one) Integration Image: Market and the second
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	
Α.	Rusignuolo, Brian, R, Mr.,			Date of Receipt
	Mailing Address 1339 Sconsett Way			04 07 2017
	City	State	Zip Code	Transaction ID : A2017-521389
	New Cumberland	PA	17070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.17]
В.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1339 Sconsett Way	04 21 2017		
	City	State	Zip Code	Transaction ID : A2017-682768
	New Cumberland	PA	17070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.48]
	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	l) or Full C	Organization Name	Date of Receipt
0.	Mailing Address 1339 Sconsett Way	05 05 2017		
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-737838
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item
	Receipt For:	I	Year-to-Date ▼ 1730.79]
s	UBTOTAL of Receipts This Page (optional)			576.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 271 OF 3 (check only one) 11a X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Full Name of Individual (Last, First, Middle Initial) or Full A. Rusignuolo, Brian, R, Mr.,	Organization Name	Date of Receipt
Mailing Address 1339 Sconsett Way		

Α.	Rusignuolo, Brian, R, Mr.,	Date of Receipt		
	Mailing Address 1339 Sconsett Way	05 19 2017		
	City	State	Zip Code	Transaction ID : A2017-1074052
	New Cumberland	PA	17070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	Select Medical Corporation	Seni	ior Vice President (Ex)	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1923.10	
R	Full Name of Individual (Last, First, Middle Ini Rusignuolo, Brian, R, Mr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1339 Sconsett Way			06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1107951
	New Cumberland	PA	17070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.41	
с.	Full Name of Individual (Last, First, Middle Ini Rusignuolo, Brian, R, Mr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1339 Sconsett Way			06 / D D / Y Y Y Y 06 16 2017
	City	State	Zip Code	Transaction ID : A2017-1212043
	New Cumberland	PA	17070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	Select Medical Corporation	Seni	or Vice President (Ex)	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.72	
s	UBTOTAL of Receipts This Page (optional)		•	576.93

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S	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 272 OF 350
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
<u> </u>	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	ll) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1339 Sconsett Way			06 / D D / Y Y Y Y Y 06 30 2017
	City New Cumberland	State PA	Zip Code 17070	Transaction ID : A2017-1328668 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.03	1
В.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive	02 10 2017		
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2017-139390 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.79]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			02 / 24 2017
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2017-252966 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation	Vice	cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.72	1
s	UBTOTAL of Receipts This Page (optional)			346.17

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

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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 273 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
\backslash				
Α.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			M M / D D / Y Y Y Y 03 10 2017
	City	State	Zip Code	Transaction ID : A2017-317248
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President (Ex)	
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify) ▼		384.65	
— B	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
υ.	Mailing Address 304 Beechwood Drive			
	Beechwood Bive	03 24 2017		
	City	State	Zip Code	Transaction ID : A2017-461622
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing	76.02		
	federal political committee.	76.93		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For:		. ,	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V	L	461.58	
с.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			04 07 Y Y Y Y 04 07 2017
	City	State	Zip Code	Transaction ID : A2017-521475
	Richmond	VA	23229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For:	1	Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify)	L	538.51	
				230.79
S	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 274 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ŃC		
Full Name of Individual (Last, First, Middle I A. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	nitial) or Full C	Organization Name	Date of Receipt
City	State VA	Zip Code 23229	04 21 2017 Transaction ID : A2017-682858
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 615.44	Memo Item
B. Full Name of Individual (Last, First, Middle I Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	nitial) or Full C	Organization Name	Date of Receipt
City Richmond	State VA	Zip Code 23229	05 05 2017 Transaction ID : A2017-737927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.93
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vic	e President (Ex)	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.37	1
C. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	nitial) or Full C	Organization Name	Date of Receipt
City Richmond	State VA	Zip Code 23229	05 19 2017 Transaction ID : A2017-1074002
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.30	1
SUBTOTAL of Receipts This Page (optional)			230.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 275 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)		
Α.	Full Name of Individual (Last, First, Middle Init Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	Date of Receipt		
		State	Zin Codo	06 02 2017
	City Richmond	VA	Zip Code 23229	Transaction ID : A2017-1108041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.23]
В.	Full Name of Individual (Last, First, Middle Init Ruskan, Jeffrey, J, Mr.,	Date of Receipt		
	Mailing Address 304 Beechwood Drive	06 16 / Y Y Y Y 2017		
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2017-1211936 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.16]
— с.	Full Name of Individual (Last, First, Middle Init Ruskan, Jeffrey, J, Mr.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 304 Beechwood Drive			06 / 0 / Y Y Y Y 2017
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2017-1328614 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)]		
s	UBTOTAL of Receipts This Page (optional)			230.79

SCHEDULE A (FEC ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 276 OF 350 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Select Medical Corp									
Full Name of Individual (Last A. Sahar, Etay, Y, ,	, First, Middle Initial) or Full C	Date of Receipt							
Mailing Address 34 Hunt Vall	ey Trl	06 02 2017							
City Henderson	State NV	Zip Code 89052	Transaction ID : A2017-1108057 Amount of Each Receipt this Period						
FEC ID number of contributir federal political committee.	C		19.24						
Name of Employer (for Indivi Select Medical Corporation		upation (for Individual) octor	Memo Item						
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 211.64]						
Full Name of Individual (Last B. Sahar, Etay, Y, , Mailing Address 34 Hunt Vall	, First, Middle Initial) or Full C	rganization Name	Date of Receipt						
City	State	Zip Code	06 16 2017 Transaction ID : A2017-1211952						
Henderson	NV	89052	Amount of Each Receipt this Period						
FEC ID number of contributir federal political committee.	C		19.24						
Name of Employer (for Indivi Select Medical Corporation		upation (for Individual) actor	Memo Item						
Receipt For: Primary Gene Other (specify) ▼	ral Aggregate	Year-to-Date ▼ 230.88]						
Full Name of Individual (Last C. Sahar, Etay, Y, ,	, First, Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 34 Hunt Val			06 / D D / Y Y Y Y 2017						
City Henderson	State NV	Zip Code 89052	Transaction ID : A2017-1328630 Amount of Each Receipt this Period						
FEC ID number of contributir federal political committee.	C		19.24						
Name of Employer (for Indivi Select Medical Corporation	dual) Occ	upation (for Individual) ctor	Memo Item						
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 250.12]						
SUBTOTAL of Receipts This F	age (optional)		57.72						

	age# 201707209009823007														
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		eck on	E NUMBER ly one)	R: PAG	E 277 OF	350						
			Detailed Summary Page					16	17						
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a				purpose c	of solicitin	g contributi	ons						
A .	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms.,	itial) or Full C	Organization Name		Date o	of Receipt									
	Mailing Address 34 Wall Street				M M / D D / Y Y Y Y 03 17 2017										
	City West Long Branch	State NJ	Zip Code 07764		Transaction ID : A2017-438029 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>	-	-	38.4	7						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) Clinical Svcs & Quality Mgmt (Ex		M	lemo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]											
В.	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms.,	itial) or Full C	Organization Name		Date o	of Receipt									
	Mailing Address 34 Wall Street				04	/ D		2017	Ŷ						
	City West Long Branch	State NJ	Zip Code 07764		Transaction ID : A2017-521382 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>	-7		38.4	7						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) Clinical Svcs & Quality Mgmt (Ex		M	lemo Item									
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		269.29	-											
C.	Full Name of Individual (Last, First, Middle In Sarfaty, Beth, R, Ms., Mailing Address 34 Wall Street	Itial) or Full C	organization Name			of Receipt			_						
	City	State	Zip Code		04	saction ID	1	2017 682761	Y						
	West Long Branch	NJ	07764			t of Each									
	FEC ID number of contributing federal political committee.	С			38.47										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) Clinical Svcs & Quality Mgmt (Ex		N	lemo Item									
	Receipt For:	1	Year-to-Date ▼												
	Other (specify)		307.76]											

SUBTOTAL of Receipts This Page (optional)	Г					11	5.41	
	5		"		9			-
	-E	 		 			1.1	
TOTAL This Period (last page this line number only)	1.	 		 	-	 	-	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f [Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 278 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms.,	al) or Full C	Drgai	nization Name	Date of Receipt
	Mailing Address 34 Wall Street			7: 0 1	05 / 05 / Y Y Y Y 05 2017
	City West Long Bronch	State NJ		Zip Code 07764	Transaction ID : A2017-737831
	West Long Branch	INJ		07764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) ical Svcs & Quality Mgmt (Ex	Memo Item
	Receipt For:	Aggregate	Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		-	346.23	
В.	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms.,	al) or Full C	Drgai	nization Name	Date of Receipt
	Mailing Address 34 Wall Street	05 19 2017			
	City West Long Branch	State NJ		Zip Code 07764	Transaction ID : A2017-1074045 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) ical Svcs & Quality Mgmt (Ex	Memo Item
	Receipt For:	Aggregate	Yea	r-to-Date ▼ 384.70	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms.,	al) or Full C	Drgai	nization Name	Date of Receipt
	Mailing Address 34 Wall Street				06 02 2017
	City West Long Branch	State NJ		Zip Code 07764	Transaction ID : A2017-1107944 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) cal Svcs & Quality Mgmt (Ex	Memo Item
	Receipt For:	1		r-to-Date ▼	-
	Primary General Other (specify)		, 100	423.17	
s	UBTOTAL of Receipts This Page (optional)				115.41

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 34 Wall Street			06 / D D / Y Y Y Y Y 06 16 2017
	City West Long Branch	State NJ	Zip Code 07764	Transaction ID : A2017-1212036 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) Clinical Svcs & Quality Mgmt (E	Ex Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 461.64	
в.	Full Name of Individual (Last, First, Middle Initia Sarfaty, Beth, R, Ms., Mailing Address 34 Wall Street	al) or Full C	Drganization Name	Date of Receipt
	City West Long Branch	State NJ	06 30 2017 Transaction ID : A2017-1328661 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) Clinical Svcs & Quality Mgmt (I	Ex Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.11	
С.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 16 Lake Village Court	Otata	Zin Onde	01 / 27 / 2017
	City Johnson City	State TN	Zip Code 37601	Transaction ID : A2017-56493 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.78	
s	UBTOTAL of Receipts This Page (optional)			192.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 OF 350 (check only one)							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 16 Lake Village Court			02 10 2017							
	City	State	Zip Code	Transaction ID : A2017-139441							
	Johnson City	TN	37601	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item							
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	Aggregate	346.17								
– R	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt							
υ.	Mailing Address 16 Lake Village Court	02 24 2017									
	City	State	Zip Code	Transaction ID : A2017-252918							
	Johnson City	TN	37601	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 16 Lake Village Court			03 / D D / Y Y Y Y 03 10 2017							
	City Johnson City	State TN	Zip Code 37601	Transaction ID : A2017-317312 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item							
	Receipt For:		Year-to-Date ▼	-							
	Primary General Other (specify)	. iggi ogaie	576.95								
s	UBTOTAL of Receipts This Page (optional)			346.17							

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	CHEDULE A (FEC Form 3X)	Use separate schedule(s)										
•••			Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and Sta for commercial purposes, other than using the			13 14 15 16 17 person for the purpose of soliciting contributions to solicit contributions from such committee								
	NAME OF COMMITTEE (In Full)											
	Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 16 Lake Village Court	_		03 / D D / Y Y Y Y 24 2017								
	City	State TN	Zip Code	Transaction ID : A2017-461568								
	Johnson City		37601	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item								
	Select Medical Corporation	Reg	gional President (Ex)									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		600.04									
	Other (specify) ▼	L	692.34									
В.	Full Name of Individual (Last, First, Middle Initi Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 16 Lake Village Court			04 07 Y Y Y Y Y 04 07 2017								
	City	State	Zip Code	Transaction ID : A2017-521421								
	Johnson City	TN	37601	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item								
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General	_										
	Other (specify) ▼		, 807.73									
C.	Full Name of Individual (Last, First, Middle Initi Schmidt, Megan, P, Ms.,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 16 Lake Village Court			04 / D D / Y Y Y Y 04 21 2017								
	City	State	Zip Code	Transaction ID : A2017-682803								
	Johnson City	TN	37601	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item								
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify)		923.12]								

SUBTOTAL of Receipts This Page (optional)	l			y			7	34	6.17	7
TOTAL This Period (last page this line number only)			Ţ	-		Į.	-	Į,	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 282 OF 350 (check only one) I1a I1a 11b I1c 12 I3 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	organization Name	Date of Receipt								
	Mailing Address 16 Lake Village Court			05 05 / Y Y Y Y 05 05 05 2017								
	City	State	Zip Code	Transaction ID : A2017-737873								
	Johnson City	TN	37601	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	Select Medical Corporation	Reg	jional President (Ex)	_								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		1038.51	1								
– R	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	organization Name	Date of Receipt								
υ.	Mailing Address 16 Lake Village Court	M M / D D / Y Y Y Y Y										
	City											
	Johnson City	State TN	Zip Code 37601	Transaction ID : A2017-1074087 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) gional President (Ex)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90]								
с.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full C	organization Name	Date of Receipt								
	Mailing Address 16 Lake Village Court			06 / D D / Y Y Y Y 06 02 2017								
	City Johnson City	State TN	Zip Code 37601	Transaction ID : A2017-1107986 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ional President (Ex)	Memo Item								
	Receipt For:	-	Year-to-Date ▼									
	Primary General Other (specify)		1269.29	1								
s	UBTOTAL of Receipts This Page (optional)			346.17								

TOTAL This Period (last page this line number only)				- 7						- 10	_	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 350
	ny information copied from such Reports and s for commercial purposes, other than using the				bliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С			
Α.	Full Name of Individual (Last, First, Middle In Schmidt, Megan, P, Ms.,	itial) or Full C	Organization Name	Date of Receipt	
,	Mailing Address 16 Lake Village Court			06 / 16	2017 Y
	City Johnson City	State TN	Zip Code 37601	Transaction ID : A2	
	FEC ID number of contributing federal political committee.	C	37001	Amount of Each Rec	eipt this Period 115.39
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item	
	Select Medical Corporation	Reg	gional President (Ex)		
	Receipt For:	Aggregate	Year-to-Date V		
	Other (specify) ▼		1384.68		
В.	Full Name of Individual (Last, First, Middle In Schmidt, Megan, P, Ms.,	itial) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 16 Lake Village Court			M M / D D 06 30	2017
	City	State	Zip Code	Transaction ID : A2	2017-1328703
	Johnson City	TN	37601	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) gional President (Ex)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1500.07		
C.	Full Name of Individual (Last, First, Middle In Shovlin, Tyler, , ,	itial) or Full C	Drganization Name	Date of Receipt	
	Mailing Address 1667 K Street NW Suite 1050			02 / D D 02 10	2017 Y Y Y
	City	State DC	Zip Code	Transaction ID : A2	2017-139444
	Washington FEC ID number of contributing federal political committee.	C	20006	Amount of Each Rec	eipt this Period 76.93
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.79		

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SUBTOTAL of Receipts This Page (optional)	L			y					50		-
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TOTAL This Period (last page this line number only)	L						-			-10-	_

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 284 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Ini Shovlin, Tyler, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1667 K Street NW Suite 1050			02 24 2017									
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-252921 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.72										
в.	Full Name of Individual (Last, First, Middle Ini Shovlin, Tyler, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1667 K Street NW Suite 1050 City	State	Zip Code	03 / D / Y Y Y Y 10 2017									
	Washington	DC	20006	Transaction ID : A2017-317315 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.65										
с.	Full Name of Individual (Last, First, Middle Ini Shovlin, Tyler, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1667 K Street NW Suite 1050 City	State	Zip Code	03 / 24 / 2017 Transaction ID : A2017-461571									
	Washington	DC	20006	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.93									
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sutive	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.58										

SUBTOTAL of Receipts This Page (optional)			y			y		23	0.79	,
TOTAL This Period (last page this line number only)										
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Im	age# 201707269069823615									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 285 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16						
	for commercial purposes, other than using the			13 14 15 16 17 person for the purpose of soliciting contributions tee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA									
Α.	Full Name of Individual (Last, First, Middle In Shovlin, Tyler, , ,	itial) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 1667 K Street NW Suite 1050			04 07 Y Y Y Y Y 04 07 2017						
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-521424 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Exe	cupation (for Individual) ecutive e Year-to-Date ▼	Memo Item						
	Other (specify) ▼		538.51							
В.	Full Name of Individual (Last, First, Middle In Shovlin, Tyler, , ,	itial) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 1667 K Street NW Suite 1050			04 / D D / Y Y Y Y 21 2017						
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-682806 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 615.44							
C.	Full Name of Individual (Last, First, Middle In Shovlin, Tyler, , , Mailing Address 1667 K Street NW	itial) or Full C	Drganization Name	Date of Receipt						
	Suite 1050	Ototo	Zin Onde	05 / 05 / 2017						
City Washington		State DC	Zip Code 20006	Transaction ID : A2017-737876 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.93						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 692.37							

SUBTOTAL of Receipts This Page (optional)			9		,	23	0.79	
TOTAL This Period (last page this line number only)	Γ	Į.	-		-		-	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 286 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
Full Name of Individual (Last, First, Middle A. Shovlin, Tyler, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050	Ctoto	Zin Codo	M M / D D / Y Y Y Y 05 / 19 / 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1074090
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 76.93
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.30	
Full Name of Individual (Last, First, Middle B. Shovlin, Tyler, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			06 / D D / Y Y Y Y 06 02 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1107989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.93
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.23	
Full Name of Individual (Last, First, Middle C. Shovlin, Tyler, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1667 K Street NW Suite 1050			M M / D D / Y Y Y Y Y 06 16 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1211983
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.16]
SUBTOTAL of Receipts This Page (optional).			230.79

TOTAL This Period (last page this line number only)	<u> </u>		-	 	 	 -	

	age# 201707209009823017															
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)				3ER:	PAGE	350							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	3	' 11a	1	lb	11c	12							
_					13	14	1	15	16	17						
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements m e name and a	hay not be sold or used by any address of any political commit	person tee to s	for the olicit co	purpo: ontributi	se of s ons fr	soliciting om such	contributi committe	ons e.						
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA															
Α.	Full Name of Individual (Last, First, Middle In Shovlin, Tyler, , ,	itial) or Full C	Organization Name	Date of Receipt												
	Mailing Address 1667 K Street NW Suite 1050				06 30 2017											
	City	State	Zip Code		Trans	sactior	1D : /	A2017-13	828706							
	Washington	DC	20006		Amoun	nt of Ea	ich Re	eceipt thi	s Period							
	FEC ID number of contributing federal political committee.	С							76.9	3						
	Name of Employer (for Individual)	Occ	cupation (for Individual)		M	lemo It	em									
	Select Medical Corporation	Exe	ecutive													
	Receipt For:	Aggregate	e Year-to-Date ▼													
	Primary General Other (specify) ▼		1000.09													
			-10-11-10-1													
В.	Full Name of Individual (Last, First, Middle In Siffring, Connie, K, ,	itial) or Full C	Organization Name		Date o	of Rece	ipt									
	Mailing Address 2968 Church St.				03	/	24	/ Y	2017	Y						
	City	State	Zip Code		Trans	saction	ID : A	2017-46	1585							
	Bettendorf	IA	52722					eceipt thi								
	FEC ID number of contributing federal political committee.	С						-	38.4	7						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator		M	lemo It	em									
	Receipt For:	Aggregate	e Year-to-Date ▼													
	Primary General		220.02													
	Other (specify)		230.82													
	Full Name of Individual (Last, First, Middle In Siffring, Connie, K, ,	itial) or Full C	Organization Name		Date o	of Bece	int									
0.	Mailing Address 2968 Church St.									V						
					04	1 /	07	/ Y	2017	Ŷ						
	City	State	Zip Code		Trans	sactior	1D : /	A2017-52	21438							
	Bettendorf	IA	52722		Amoun	nt of Ea	ich Re	eceipt thi	s Period							
	FEC ID number of contributing federal political committee.	С				,			38.4	7						
	Name of Employer (for Individual)	0.00	cupation (for Individual)		N	lemo It	em									
	Select Medical Corporation		ministrator													
	Receipt For:															
	Primary General	Ayyregate	e Year-to-Date ▼													
	Other (specify)		269.29													

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 288 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;									
Α.	Full Name of Individual (Last, First, Middle Initi Siffring, Connie, K, ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2968 Church St.	State	Zin Code	04 / D D / Y Y Y Y 21 2017							
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : A2017-682821							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 38.47							
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) ministrator	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.76]							
в.	Full Name of Individual (Last, First, Middle Initi Siffring, Connie, K, ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2968 Church St.			05 / 05 / Y Y Y Y 05 05 2017							
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : A2017-737890 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.23								
с.	Full Name of Individual (Last, First, Middle Initi Siffring, Connie, K, ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2968 Church St.			05 / D / Y Y Y Y 05 / 19 2017							
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : A2017-1073964 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		38.47							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ninistrator	Memo Item							
	Receipt For:		Year-to-Date ▼	-							
	Primary General Other (specify)		384.70]							
s	UBTOTAL of Receipts This Page (optional)			115.41							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 289 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;			
Α.	Full Name of Individual (Last, First, Middle Initi Siffring, Connie, K, , Mailing Address 2968 Church St.	al) or Full C	Drganizat	ion Name	Date of Receipt
	City	State	Zin	Code	06 02 2017
	Bettendorf	IA		2722	Transaction ID : A2017-1108003
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation ministrate	(for Individual) or	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 423.17]
в.	Full Name of Individual (Last, First, Middle Initi Siffring, Connie, K, ,	al) or Full C	Drganizat	ion Name	Date of Receipt
	Mailing Address 2968 Church St.				06 / D D / Y Y Y Y 06 16 2017
	City Bettendorf	State IA	· · ·	Code 2722	Transaction ID : A2017-1211996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation ministrate	(for Individual) or	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date	
с.	Full Name of Individual (Last, First, Middle Initi Siffring, Connie, K, ,	al) or Full C	Drganizat	ion Name	Date of Receipt
	Mailing Address 2968 Church St.				06 / D D / Y Y Y Y 06 30 2017
	City Bettendorf	State IA		Code 2722	Transaction ID : A2017-1328719 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation ninistrato	(for Individual) r	Memo Item
	Receipt For:	Aggregate			-
	Primary General Other (specify)		-ge.	500.11]
s	UBTOTAL of Receipts This Page (optional)				115.41

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 290 OF 350 (check only one)							
111			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1685 North 700 West			01 27 2017							
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2017-56423 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Nursing Officer (Ex)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78]							
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt							
5.	Mailing Address 1685 North 700 West			02 10 2017							
	Columbus	State IN	Zip Code 47201	Transaction ID : A2017-139460 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ief Nursing Officer (Ex)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17]							
— C.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organization Name	Date of Receipt							
•	Mailing Address 1685 North 700 West			02 / 24 / Y Y Y Y 02 24 2017							
	City Columbus	State IN	Zip Code 47201	Transaction ID : A2017-252875 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Nursing Officer (Ex)	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.56]							
s	UBTOTAL of Receipts This Page (optional)			346.17							

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	HEDULE A (FEC Form 3X)										
	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 291 OF 350 (check only one) ************************************							
	information copied from such Reports and Sta or commercial purposes, other than using the r			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	AME OF COMMITTEE (In Full) Select Medical Corporation PAC										
	ull Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full O	rganization Name	Date of Receipt							
N	lailing Address 1685 North 700 West			03 10 / Y Y Y Y 2017							
	ity Columbus	State IN	Zip Code 47201	Transaction ID : A2017-317274 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	C		115.39							
	lame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ef Nursing Officer (Ex)	Memo Item							
Ē	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.95]							
	ull Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full O	rganization Name	Date of Receipt							
_	lailing Address 1685 North 700 West			03 24 2017							
	ity Columbus	State IN	Zip Code 47201	Transaction ID : A2017-461668 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		115.39							
	lame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ef Nursing Officer (Ex)	Memo Item							
Ē	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]							
С	ull Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full O	rganization Name	Date of Receipt							
_	lailing Address 1685 North 700 West			04 / D D / Y Y Y Y 04 07 2017							
	ity Columbus	State IN	Zip Code 47201	Transaction ID : A2017-521377 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		115.39							
5	ame of Employer (for Individual) select Medical Corporation		upation (for Individual) f Nursing Officer (Ex)	Memo Item							
F	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.73]							

SUBTOTAL of Receipts This Page (optional)	L									46.17	
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TOTAL This Period (last page this line number only)	L	_		-			-		-	-	_

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ITEMIZED RECEIPTS			for ea	separate schedule(s) ach category of the ed Summary Page	(check only one)
	ny information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
A .	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organizati	on Name	Date of Receipt
Λ.	Mailing Address 1685 North 700 West				04 21 2017
	City Columbus	State IN		Code 201	Transaction ID : A2017-682756 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			for Individual) g Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 923.12]
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organizati	on Name	Date of Receipt
	Mailing Address 1685 North 700 West				05 05 2017
	City Columbus	State IN		Code 201	Transaction ID : A2017-737826 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			for Individual) g Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 1038.51]
с.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full C	Organizati	on Name	Date of Receipt
	Mailing Address 1685 North 700 West				05 / D D / Y Y Y Y 2017
	City Columbus	State IN	Zip 472	Code 201	Transaction ID : A2017-1074040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation			for Individual) 9 Officer (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-I	Date ▼ 1153.90]
s	UBTOTAL of Receipts This Page (optional)				346.17

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate sched for each category of Detailed Summary P	ule(s) (c f the	OR LINE NUMBER: PAGE 293 OF 350 check only one) Image: state st
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
A.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full O	rganization Name		Date of Receipt
	Mailing Address 1685 North 700 West				M M / D D / Y Y Y Y 06 02 2017
	City Columbus	State IN	Zip Code 47201		Transaction ID : A2017-1107939 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) f Nursing Officer (Ex)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 126	9.29	
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs., Mailing Address 1685 North 700 West	al) or Full O	rganization Name		Date of Receipt
	City	State	Zip Code		06 16 2017 Transaction ID : A2017-1212031
	Columbus	IN	47201		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) of Nursing Officer (Ex)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 138	34.68	
c.	Full Name of Individual (Last, First, Middle Initia Skinner, Gloria, J, Mrs.,	al) or Full O	rganization Name		Date of Receipt
	Mailing Address 1685 North 700 West				06 / D D / Y Y Y Y Y 06 / 30 / 2017
	City Columbus	State IN	Zip Code 47201		Transaction ID : A2017-1328656 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) f Nursing Officer (Ex)		Memo Item
_	Receipt For: Primary General Other (specify)	Aggregate		0.07	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 294 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	al) or Full (Drganization Name	Date of Receipt
	Mailing Address 2524 Matterhorn Ln	-1		01 27 2017
	City	State	Zip Code	Transaction ID : A2017-56437
	Flower Mound	ТХ	75022-7879	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.78]
В.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	al) or Full (Drganization Name	Date of Receipt
	Mailing Address 2524 Matterhorn Ln			02 10 2017
	City Flower Mound	State TX	Zip Code 75022-7879	Transaction ID : A2017-139500 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		346.17]
с.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,	al) or Full (Drganization Name	Date of Receipt
	Mailing Address 2524 Matterhorn Ln			02 / D D / Y Y Y Y 24 2017
	City Flower Mound	State TX	Zip Code 75022-7879	Transaction ID : A2017-252953
	FEC ID number of contributing federal political committee.	C	13022-1019	Amount of Each Receipt this Period 115.39
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:	I	e President (Ex)	_
	Primary General Other (specify)	Aggregate	9 Year-to-Date ▼ 461.56	1
s	UBTOTAL of Receipts This Page (optional)			346.17

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 295 OF 350 (check only one) ************************************
	y information copied from such Reports and S for commercial purposes, other than using the	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 2524 Matterhorn Ln	State	Zin Code	03 / D D / Y Y Y Y 03 10 2017
	City Flower Mound	State TX	Zip Code 75022-7879	Transaction ID : A2017-317235
			15022-1819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President (Ex)	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) v		576.95	
в.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 2524 Matterhorn Ln			03 24 2017
	City	State	Zip Code	Transaction ID : A2017-461607
	Flower Mound	ТХ	75022-7879	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]
<u> </u>	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 2524 Matterhorn Ln			04 07 2017
	City	State	Zip Code	Transaction ID : A2017-521460
	Flower Mound	ТХ	75022-7879	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	President (Ex)	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		807.73]
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 296 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the	erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,									
A.	Full Name of Individual (Last, First, Middle Initi Skinner, Jon, C, Mr.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2524 Matterhorn Ln			04 / D D / Y Y Y Y 04 21 2017							
	City	State	Zip Code	Transaction ID : A2017-682843							
	Flower Mound	ТХ	75022-7879	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		923.12]							
B	Full Name of Individual (Last, First, Middle Initi Skinner, Jon, C, Mr.,	al) or Full C	Drganization Name	Date of Receipt							
ь.	Mailing Address 2524 Matterhorn Ln										
				05 05 2017							
	City Flower Mound	State TX	Zip Code 75022-7879	Transaction ID : A2017-737912 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1038.51]							
c.	Full Name of Individual (Last, First, Middle Initi Skinner, Jon, C, Mr.,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 2524 Matterhorn Ln			05 19 2017							
	City Flower Mound	State TX	Zip Code 75022-7879	Transaction ID : A2017-1073987 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) Select Medical Corporation		e President (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify)		1153.90]							
s	UBTOTAL of Receipts This Page (optional)			346.17							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 297 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)									
Α.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2524 Matterhorn Ln			06 02 2017							
	City Flower Mound	State TX	Zip Code 75022-7879	Transaction ID : A2017-1108018							
			15022-1819	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Select Medical Corporation		e President (Ex)								
	Receipt For:		Year-to-Date ▼	—							
	Primary General	Ayyreyale									
	Other (specify) V	L	1269.29								
в.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2524 Matterhorn Ln			06 16 / Y Y Y Y Y 07 16 2017							
	City	State	Zip Code	Transaction ID : A2017-1211921							
	Flower Mound	ТХ	75022-7879	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	33 - 3		1							
	Other (specify)	L	, 1384.68								
C.	Full Name of Individual (Last, First, Middle Init Skinner, Jon, C, Mr.,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2524 Matterhorn Ln	1		06 / D D / Y Y Y Y Y 06 30 2017							
	City	State	Zip Code	Transaction ID : A2017-1328742							
	Flower Mound	ТХ	75022-7879	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item							
	Receipt For:	I	Year-to-Date V	-							
	Primary General Other (specify)	Aggregate	1500.07]							

SUBTOTAL of Receipts This Page (optional)	L.	_		_	_		34	46.17	7
			1.1		1	1.1			
TOTAL This Period (last page this line number only)	L.,		-			-	 	-	

S	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 298 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Slane, Jeanne, M, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6537 Caldecott Drive			M M / D D / Y Y Y Y 06 02 2017
	City Naples	State FL	Zip Code 34113	Transaction ID : A2017-1107943 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) e President (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64	1
в.	Full Name of Individual (Last, First, Middle Initia Slane, Jeanne, M, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6537 Caldecott Drive			06 16 2017
	City Naples	State FL	Zip Code 34113	Transaction ID : A2017-1212035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Slane, Jeanne, M, Mrs.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6537 Caldecott Drive			06 / D D / Y Y Y Y 2017
	City Naples	State FL	Zip Code 34113	Transaction ID : A2017-1328660 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify)		250.12	1
s	UBTOTAL of Receipts This Page (optional)			57.72

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 299 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Slobozien, Mary, G, Ms., Mailing Address 430 Brookwood Drive	l) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	03 24 2017
	Palmyra	PA	17078	Transaction ID : A2017-461649 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82	
В.	Full Name of Individual (Last, First, Middle Initia Slobozien, Mary, G, Ms.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 430 Brookwood Drive	04 07 2017		
	City Palmyra	State PA	Zip Code 17078	Transaction ID : A2017-521392 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Slobozien, Mary, G, Ms.,	l) or Full C	Drganization Name	Date of Receipt
С.	Mailing Address 430 Brookwood Drive			04 21 2017
	City Palmyra	State PA	Zip Code 17078	Transaction ID : A2017-682771
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 307.76	
s	UBTOTAL of Receipts This Page (optional)		•	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 300 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
A. Slobozien, Mary, G, Ms., Mailing Address 430 Brookwood Drive	itial) or Full C	Organization Name	Date of Receipt
City Palmyra	State PA	Zip Code 17078	05 05 2017 Transaction ID : A2017-737841 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 346.23	Memo Item
Full Name of Individual (Last, First, Middle In B. Slobozien, Mary, G, Ms., Mailing Address 430 Brookwood Drive	itial) or Full C	Organization Name	Date of Receipt
City Palmyra FEC ID number of contributing federal political committee.	State PA	Zip Code 17078	05 19 2017 Transaction ID : A2017-1074055 Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occ Vice	upation (for Individual) e President (Ex) Year-to-Date ▼	Memo Item
Other (specify)		384,70]
C. Full Name of Individual (Last, First, Middle In Slobozien, Mary, G, Ms., Mailing Address 430 Brookwood Drive	itial) or Full C	Organization Name	Date of Receipt
City Palmyra	State PA	Zip Code 17078	Transaction ID : A2017-1107954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 423.17	Memo Item
SUBTOTAL of Receipts This Page (optional)			115.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 301 OF 350 (check only one) 11a 11a 11b 13 14				
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions the to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)						
Α.	Full Name of Individual (Last, First, Middle Init Slobozien, Mary, G, Ms.,	tial) or Full C	organization Name	Date of Receipt				
	Mailing Address 430 Brookwood Drive			06 16 / Y Y Y Y 07 10 10 10 10 10 10 10 10 10 10 10 10 10				
	City Palmyra	State PA	Zip Code 17078	Transaction ID : A2017-1212046				
	FEC ID number of contributing	_	11010	Amount of Each Receipt this Period				
	federal political committee.	С		38.47				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Select Medical Corporation	Vice	e President (Ex)	_				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		461.64]				
_	Full Name of Individual (Last, First, Middle Init	tial) or Full C	organization Name					
в.	Slobozien, Mary, G, Ms.,			Date of Receipt				
	Mailing Address 430 Brookwood Drive	06 30 2017						
	City	State	Zip Code	Transaction ID : A2017-1328671				
	Palmyra	PA	17078	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		38.47				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.11]				
<u> </u>	Full Name of Individual (Last, First, Middle Init Slonaker-Wheeler, Dawne, A, Ms.		organization Name	Date of Receipt				
	Mailing Address 1619 55th Street NE			M M / D D / Y Y Y Y 06 02 2017				
	City	State	Zip Code	Transaction ID : A2017-1108024				
	Canton	ОН	44721	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		С		38.47				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item				
	Select Medical Corporation	Adm	ninistrator (Ex)					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		230.82]				
s	UBTOTAL of Receipts This Page (optional)			115.41				

SUBTOTAL of Receipts This Page (optional)	L		9	 	9	11	15.41
TOTAL This Period (last page this line number only)	L	 		 	-	 	- 10

S	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 302 OF 350				
IT	EMIZED RECEIPTS		for each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
_				13 14 15 16 17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
	Select Medical Corporation PAC							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Slonaker-Wheeler, Dawne, A, Ms.,	l) or Full C	rganization Name	Data of Descipt				
Α.				Date of Receipt				
	Mailing Address 1619 55th Street NE			06 16 2017				
	City	State	Zip Code	Transaction ID : A2017-1212006				
	Canton	OH	44721	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		38.47				
	federal political committee.	C		30.47				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Select Medical Corporation	Adn	ninistrator (Ex)	-				
	Receipt For:	Aggreaate	Year-to-Date ▼					
	Primary General	33 - 3		1				
	Other (specify)		269.29					
				_				
в.	Full Name of Individual (Last, First, Middle Initia Slonaker-Wheeler, Dawne, A, Ms.,	l) or Full C	rganization Name	Date of Passint				
р.	Mailing Address 1619 55th Street NE	Date of Receipt						
	Maining Address 1619 55th Street NE	06 30 2017						
	City	State	Zip Code	Transaction ID : A2017-1328729				
	Canton	ОН	44721	Amount of Each Receipt this Period				
	FEC ID number of contributing	\mathbf{C}		00.47				
	federal political committee.	С		38.47				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Select Medical Corporation		ninistrator (Ex)					
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General			1				
	Other (specify) v	L	, 307.76	1				
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	rganization Name					
С.	St. Leger, John, J, Mr.,	,	- <u>3</u>	Date of Receipt				
	Mailing Address 634 Blue Ridge Road			M M / D D / Y Y Y Y				
		1	1	02 10 2017				
	City	State PA	Zip Code 15239	Transaction ID : A2017-139477				
	Pittsburgh		15239	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		76.93				
	reueral political committee.	-						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Select Medical Corporation	Adm	ninistrator (Ex)					
		Aggregate	Year-to-Date V					
	Primary General		230.79	1				
	Other (specify)		230.19	1				
	UBTOTAL of Receipts This Page (optional)			153.87				

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 303 OF 350 (check only one)				
IT	EMIZED RECEIPTS		for each category of the	× 11a ☐ 11b ☐ 11c ☐ 12				
			Detailed Summary Page					
	y information copied from such Reports and Sta for commercial purposes, other than using the n							
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
/	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name					
Α.	St. Leger, John, J, Mr.,	.,	- g	Date of Receipt				
	Mailing Address 634 Blue Ridge Road			02 24 2017				
	City	State	Zip Code	Transaction ID : A2017-252928				
	Pittsburgh	PA	15239	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		76.93				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Select Medical Corporation	Adr	ministrator (Ex)	—				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		307.72	1				
	Other (specify) v		507.72	1				
	Full Name of Individual (Last, First, Middle Initia	l) or Full (Pragnization Name					
в.	St. Leger, John, J, Mr.,		Sigarization Name	Date of Receipt				
	Mailing Address 634 Blue Ridge Road							
		03 10 2017						
	City	State	Zip Code	Transaction ID : A2017-317322				
	Pittsburgh	PA	15239	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		76.93				
	federal political committee.							
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General			1				
	Other (specify)		384.65	1				
C.	Full Name of Individual (Last, First, Middle Initia St. Leger, John, J, Mr.,	l) or Full C	Organization Name	Date of Receipt				
	Mailing Address 634 Blue Ridge Road		03 / D D / Y Y Y Y 24 2017					
	City	State	Zip Code	Transaction ID : A2017-461578				
	Pittsburgh	PA	15239	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		76.93				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item				
	Receipt For:	1	Year-to-Date ▼					
	Primary General			1				
	Other (specify)		461.58	1				
s	UBTOTAL of Receipts This Page (optional)			230.79				

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 304 OF 350 (check only one) I1a I1a 11b 11c I3 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi St. Leger, John, J, Mr., Mailing Address 634 Blue Ridge Road	al) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	04 07 2017 Transaction ID : A2017-521431
	Pittsburgh	PA	15239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.51	
в.	Full Name of Individual (Last, First, Middle Initi St. Leger, John, J, Mr.,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 634 Blue Ridge Road	04 21 / Y Y Y Y 04 21 2017		
	City Pittsburgh	State PA	Zip Code 15239	Transaction ID : A2017-682814 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.44	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Stover, Justin, E, ,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 1619 Fox Follow Raod			01 27 Y Y Y Y 01 27 2017
	City Mechicsburg	State PA	Zip Code 17055	Transaction ID : A2017-56477 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 230.78]
s	UBTOTAL of Receipts This Page (optional)			▶ 269.25

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 305 OF 350 (check only one)
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi Stover, Justin, E, ,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 1619 Fox Follow Raod			02 / Y Y Y Y 10 / 2017
	City Mechicsburg	State PA	Zip Code 17055	Transaction ID : A2017-139413 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.17	
В.	Full Name of Individual (Last, First, Middle Initi Stover, Justin, E, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 1619 Fox Follow Raod	02 / D D / Y Y Y Y 02 24 2017		
	City Mechicsburg	State PA	Zip Code 17055	Transaction ID : A2017-252888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.56	
	Full Name of Individual (Last, First, Middle Initi Stover, Justin, E, ,	al) or Full C	organization Name	Date of Receipt
0.	Mailing Address 1619 Fox Follow Raod			03 10 / Y Y Y Y 2017
	City Mechicsburg	State PA	Zip Code 17055	Transaction ID : A2017-317345 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.95	
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 306 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	(C		
Full Name of Individual (Last, First, Middle I A. Stover, Justin, E, , Mailing Address 1619 Fox Follow Raod City Mechicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	State PA C	Drganization Name Zip Code 17055	Date of Receipt 03 24 2017 Transaction ID : A2017-461648 Amount of Each Receipt this Period 115.39 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.34]
Full Name of Individual (Last, First, Middle I B. Stover, Justin, E, , Mailing Address 1619 Fox Follow Raod	nitial) or Full C	Organization Name	Date of Receipt
City Mechicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055	Transaction ID : A2017-521391 Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	e President Year-to-Date ▼ , 807.73	Memo Item
C. Full Name of Individual (Last, First, Middle I Stover, Justin, E, , Mailing Address 1619 Fox Follow Raod	nitial) or Full C	Organization Name	Date of Receipt
City Mechicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055	Transaction ID : A2017-682770 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	President Year-to-Date ▼ 923.12	Memo Item
SUBTOTAL of Receipts This Page (optional)			346.17

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 307 OF 350 (check only one) Image: Compare the second s
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, , Mailing Address 1619 Fox Follow Raod	al) or Full C	Drganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : A2017-737840
	Mechicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1038.51]
в.	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1619 Fox Follow Raod	05 / Y Y Y Y 05 19 2017		
	City Mechicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1074054 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.90]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Stover, Justin, E, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1619 Fox Follow Raod			06 / D D / Y Y Y Y 06 02 2017
	City Mechicsburg	State PA	Zip Code 17055	Transaction ID : A2017-1107953 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		e President	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		1269.29]
s	UBTOTAL of Receipts This Page (optional)			346.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 308 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle In A. Stover, Justin, E, , Moiling Address, 4040 Eau Fallow Baad	itial) or Full O	rganization Name	Date of Receipt
Mailing Address 1619 Fox Follow Raod	State	Zip Code	06 16 2017 Transaction ID : A2017-1212045
Mechicsburg FEC ID number of contributing federal political committee.	РА	17055	Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) President Year-to-Date ▼ 1384.68	Memo Item
B. Full Name of Individual (Last, First, Middle In Mailing Address 1619 Fox Follow Raod	itial) or Full O	rganization Name	Date of Receipt
City Mechicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055	06 30 2017 Transaction ID : A2017-1328670 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 1500.07	Memo Item
Full Name of Individual (Last, First, Middle In C. Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive	itial) or Full O	rganization Name	Date of Receipt
City Bloomington	State IN	Zip Code 47401	06 02 2017 Transaction ID : A2017-1107957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) President (Ex) Year-to-Date ▼ 211.64	Memo Item
SUBTOTAL of Receipts This Page (optional)			250.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 309 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	.C		
Full Name of Individual (Last, First, Middle Ir A. Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive	nitial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	06 16 2017 Transaction ID : A2017-1212049
Eloomington FEC ID number of contributing federal political committee.		47401	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 230.88	Memo Item
Full Name of Individual (Last, First, Middle Ir B. Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive	nitial) or Full O	rganization Name	Date of Receipt
City Bloomington FEC ID number of contributing federal political committee.	State IN	Zip Code 47401	Transaction ID : A2017-1328674 Amount of Each Receipt this Period 19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President (Ex) Year-to-Date ▼ 250.12	Memo Item
Full Name of Individual (Last, First, Middle Ir C. Strickland, Connie, L, Ms.,	nitial) or Full O		Date of Receipt
Mailing Address 1104 OakTree Drive			06 02 2017
City Edmond	State OK	Zip Code 73025	Transaction ID : A2017-1107930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Adm	upation (for Individual) iinistrator (Ex) Year-to-Date ▼ 211.64	Memo Item
SUBTOTAL of Receipts This Page (optional)			57.72

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 310 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Strickland, Connie, L, Ms., Mailing Address 1104 OakTree Drive	al) or Full C	organization Name	Date of Receipt
	City	State	Zip Code	06 16 2017
	Edmond	OK	73025	Transaction ID : A2017-1212022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator (Ex)	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	
В.	Full Name of Individual (Last, First, Middle Initia Strickland, Connie, L, Ms.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 1104 OakTree Drive			06 30 2017
	City Edmond	State OK	Zip Code 73025	Transaction ID : A2017-1328647 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Supplee, Linda, K, Mrs.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 115 E. Willow Drive			06 02 / Y Y Y Y 2017
	City Zanesville	State OH	Zip Code 43701	Transaction ID : A2017-1107990 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) hinistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 211.64	
s	UBTOTAL of Receipts This Page (optional)			57.72

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate sch for each category Detailed Summar	nedule(s) (v of the	FOR LINE NUMBER: PAGE 311 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Supplee, Linda, K, Mrs.,	al) or Full C	Organization Name		Date of Receipt
	Mailing Address 115 E. Willow Drive				06 / D D / Y Y Y Y 2017
	City	State	Zip Code	-	Transaction ID : A2017-1211984
	Zanesville	OH	43701		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individua ninistrator (Ex)	al)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼			230.88	
В.	Full Name of Individual (Last, First, Middle Initia Supplee, Linda, K, Mrs.,	al) or Full C	Organization Name		Date of Receipt
	Mailing Address 115 E. Willow Drive				06 30 2017
	City	State	Zip Code	_	Transaction ID : A2017-1328707
	Zanesville	OH	43701		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individua ministrator (Ex)	al)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		* • • * •	250.12	
с.	Full Name of Individual (Last, First, Middle Initia Tenhengel-Deville, Michelle, , ,	al) or Full C	Organization Name		Date of Receipt
	Mailing Address 867 Balsam Loop Rd				06 / D D / Y Y Y Y 02 / 2017
	City Sylva	State NC	Zip Code 28779	-	Transaction ID : A2017-1108043
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individua	al)	Memo Item
	Receipt For:		Year-to-Date V		
	Primary General Other (specify)	Aggregate		211.64	
s	UBTOTAL of Receipts This Page (optional)			····· ►	57.72

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 312 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Full Name of Individual (Last, First, Middle In A. Tenhengel-Deville, Michelle, , , Mailing Address 867 Balsam Loop Rd	itial) or Full C	rganization Name	Date of Receipt
City	State	Zip Code	06 16 2017 Transaction ID : A2017-1211938
Sylva	NC	28779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88]
Full Name of Individual (Last, First, Middle In B. Tenhengel-Deville, Michelle, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 867 Balsam Loop Rd			06 30 2017
City Sylva	State NC	Zip Code 28779	Transaction ID : A2017-1328616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator EX	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
Full Name of Individual (Last, First, Middle In C. Theroult, Thomas, N, Mr.,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 10240 Madison			03 / Y Y Y Y 24 2017
City Omaha	State NE	Zip Code 68127	Transaction ID : A2017-461637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.82]
SUBTOTAL of Receipts This Page (optional)			76.95

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

Image# 201707269069823643			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 313 OF 350 (check only one) 11a 11a 11b 13 14 15 16
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle		Dragnization Name	
A. Theroult, Thomas, N, Mr.,			Date of Receipt
Mailing Address 10240 Madison			04 07 2017
City Omaha	State NE	Zip Code 68127	Transaction ID : A2017-521379 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29]
Full Name of Individual (Last, First, Middle B. Theroult, Thomas, N, Mr., Mailing Address 10240 Madison	e Initial) or Full C	Drganization Name	Date of Receipt
City Omaha	State NE	Zip Code 68127	Transaction ID : A2017-682758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.47
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	• Year-to-Date ▼ , 307.76]
Full Name of Individual (Last, First, Middle C. Theroult, Thomas, N, Mr., Mailing Address 10240 Madison	ə Initial) or Full (Drganization Name	Date of Receipt
City	State	Zip Code	05 05 2017 Transaction ID : A2017-737828
Omaha FEC ID number of contributing federal political committee.	C	68127	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.23	1

SUBTOTAL of Receipts This Page (optional)			,		,	115	5.41	
TOTAL This Period (last page this line number only)		i.	-		-			

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 314 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Theroult, Thomas, N, Mr.,	al) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 10240 Madison			_	05 / 19 2017
	City	State		Zip Code	Transaction ID : A2017-1074042
	Omaha	NE		68127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	Memo Item
	Select Medical Corporation	Vice	e Pr	esident (Ex)	_
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	
	Primary General	, iggi oguto	100		1
	Other (specify)		-1	384.70	1
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drga	nization Name	
В.	Theroult, Thomas, N, Mr.,				Date of Receipt
	Mailing Address 10240 Madison				06 02 2017
	City	State		Zip Code	Transaction ID : A2017-1107941
	Omaha	NE		68127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) resident (Ex)	Memo Item
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻	
	Primary General Other (specify) ▼		,	423.17]
с.	Full Name of Individual (Last, First, Middle Initia Theroult, Thomas, N, Mr.,	al) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 10240 Madison				06 / D D / Y Y Y Y Y 06 16 2017
	City	State		Zip Code	Transaction ID : A2017-1212033
	Omaha	NE		68127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	Memo Item
	Select Medical Corporation		•	esident (Ex)	
	Receipt For:			ar-to-Date ▼	
	Primary General	Aggregate	100		
	Other (specify)		-	461.64	1
	UBTOTAL of Receipts This Page (optional)				115.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 315 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Theroult, Thomas, N, Mr.,	l) or Full C	Drgar	ization Name	Date of Receipt
	Mailing Address 10240 Madison	1			06 / D D / Y Y Y Y Y 2017
	City	State NE		Zip Code	Transaction ID : A2017-1328658
	Omaha			68127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			38.47
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.11]
в.	Full Name of Individual (Last, First, Middle Initia Tuer, Patrick, W, Mr.,	l) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 4321 Fir Street	1			01 / Y Y Y Y Y 2017
	City East Chicago	State IN		Zip Code 46312	Transaction ID : A2017-56458 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			115.39
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) Iministrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 230.78]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Tuer, Patrick, W, Mr.,	l) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 4321 Fir Street	-			02 / D D / Y Y Y Y Y 02 10 2017
	City East Chicago	State IN		Zip Code 46312	Transaction ID : A2017-139401
	FEC ID number of contributing federal political committee.	C	1		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) ministrator (Ex) - 001	Memo Item
	Receipt For:			r-to-Date ▼	
	Primary General Other (specify)			346.17	1
s	UBTOTAL of Receipts This Page (optional)			••••••	269.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the
		used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC	
Full Name of Individual (Last, First, Middle A. Tuer, Patrick, W, Mr.,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 4321 Fir Street	State Zip Code	02 24 2017
East Chicago	IN 46312	Transaction ID : A2017-252977
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occupation (for Individ CEO/Administrator (Ex	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	461.56
Full Name of Individual (Last, First, Middle B. Tuer, Patrick, W, Mr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4321 Fir Street		03 10 2017
City East Chicago	StateZip CodeIN46312	Transaction ID : A2017-317356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individ CEO/Administrator (E	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	576.95
Full Name of Individual (Last, First, Middle C. Tuer, Patrick, W, Mr.,	I initial) or Full Organization Name	Date of Receipt
Mailing Address 4321 Fir Street		03 / D D / Y Y Y Y 2017
City East Chicago	StateZip CodeIN46312	Transaction ID : A2017-461636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individ CEO/Administrator (Ex	,
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	692.34
SUBTOTAL of Receipts This Page (optiona)	346.17

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	ige# 201707203003023047			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 317 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	C		
Α.	Full Name of Individual (Last, First, Middle Ini Tuer, Patrick, W, Mr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4321 Fir Street			M M / D D / Y Y Y Y 04 07 2017
	City East Chicago	State IN	Zip Code 46312	Transaction ID : A2017-521489 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:		upation (for Individual) D/Administrator (Ex) - 001	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73	1
в.	Full Name of Individual (Last, First, Middle Ini Tuer, Patrick, W, Mr., Mailing Address 4321 Fir Street	tial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	04 21 2017
	East Chicago	IN	46312	Transaction ID : A2017-682872 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V		923.12	
с.	Full Name of Individual (Last, First, Middle Ini Tuer, Patrick, W, Mr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4321 Fir Street			M M / D D / Y Y Y Y 05 05 2017
	City East Chicago	State IN	Zip Code 46312	Transaction ID : A2017-737941
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) D/Administrator (Ex) - 001	Memo Item
	Receipt For:		Year-to-Date ▼	
	Other (specify)		1038.51]

SUBTOTAL of Receipts This Page (optional)	L	_	_	7	_	9	_	34	6.17	
TOTAL This Period (last page this line number only)	Г					-				
									_	_

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 318 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle In A. Tuer, Patrick, W, Mr.,	tial) or Full Organization N	lame	Date of Receipt
Mailing Address 4321 Fir Street			05 / 19 / Y Y Y Y 2017
City East Chicago	State Zip Code IN 46312	9	Transaction ID : A2017-1074016
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Ir CEO/Administrate	,	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1153.90	
Full Name of Individual (Last, First, Middle In B. Tuer, Patrick, W, Mr.,	tial) or Full Organization N	lame	Date of Receipt
Mailing Address 4321 Fir Street			06 02 2017
City East Chicago	State Zip Code IN 46312	e	Transaction ID : A2017-1108053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Ir CEO/Administrate		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 1269.29	
Full Name of Individual (Last, First, Middle In C. Tuer, Patrick, W, Mr.,	tial) or Full Organization N	lame	Date of Receipt
Mailing Address 4321 Fir Street			06 / D D / Y Y Y Y 06 16 2017
City East Chicago	State Zip Code IN 46312	9	Transaction ID : A2017-1211948
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Ir CEO/Administrato	,	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1384.68	
SUBTOTAL of Receipts This Page (optional)			346.17

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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 319 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stai for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Tuer, Patrick, W, Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 4321 Fir Street			06 / Y Y Y Y 06 30 2017
	City East Chicago	State IN	Zip Code 46312	Transaction ID : A2017-1328626 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) O/Administrator (Ex) - 001	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.07]
в.	Full Name of Individual (Last, First, Middle Initia Umbenhauer, Kristy, , ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1667 K Street NW Suite 1050	1		06 / D D / Y Y Y Y 06 30 2017
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1328640 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.47
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Vocaturo, Loran, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 18 Richard Road			06 / D D / Y Y Y Y Y 2017
	City East Brunswick	State NJ	Zip Code 08816	Transaction ID : A2017-1107973 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		e President (Ex)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		211.64]
s	JBTOTAL of Receipts This Page (optional)			173.10

TOTAL This Period (ast page this line number only)	▶	 	-	 	-	 	-	

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 320 OF 350 (check only one)					
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the								
\square	NAME OF COMMITTEE (In Full)								
	Select Medical Corporation PAC								
V	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name						
Α.	Vocaturo, Loran, , ,			Date of Receipt 06 / 16 / 2017 Transaction ID : A2017-1211967					
	Mailing Address 18 Richard Road								
	City	State	Zip Code						
	East Brunswick	NJ	08816	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		19.24					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Select Medical Corporation	Vice	e President (Ex)						
	Receipt For: Primary General	Aggregate	Year-to-Date V						
	Primary General Other (specify) V		230.88	1					
			<u>-145 - 1 - 145 - 1</u>						
в.	Full Name of Individual (Last, First, Middle Initia Vocaturo, Loran, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 18 Richard Road	M M / D D / Y Y Y Y Y							
	City	06 30 2017							
	East Brunswick	State NJ	Zip Code 08816	Transaction ID : A2017-1328690 Amount of Each Receipt this Period					
	FEC ID number of contributing								
federal political committee.				19.24					
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
	Select Medical Corporation		e President (Ex)	-					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		250.12	1					
				1					
~	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name						
C.	Wagley, Ronnie, , , Mailing Address 1667 K Street NW Suite 1050			Date of Receipt					
	Walling Address 1667 K Street NW Sulte 1050			03 24 2017					
	City	State	Zip Code	Transaction ID : A2017-461672					
	Washington	DC	20006	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
Name of Employer (for Individual) Select Medical Corporation Receipt For:			upation (for Individual) cutive	Memo Item					
			Year-to-Date ▼						
	Primary General	, iggi egale		1					
	Other (specify)	L	230.82	1					
	UBTOTAL of Receipts This Page (optional)			76.95					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 321 OF 350 (check only one) 11a 11a 11b 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;							
Α.	Full Name of Individual (Last, First, Middle Initi Wagley, Ronnie, , ,	al) or Full C	rganization Name	Date of Receipt					
	Mailing Address 1667 K Street NW Suite 1050			04 07 Y Y Y Y 04 07 2017					
	City Washington	State DC	Zip Code 20006	Transaction ID : A2017-521493 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
Name of Employer (for Individual)			upation (for Individual) cutive	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.29						
В.	Full Name of Individual (Last, First, Middle Initi Wagley, Ronnie, , , Mailing Address 1667 K Street NW Suite 1050	al) or Full C	rganization Name	Date of Receipt					
	City Washington FEC ID number of contributing	State DC	Zip Code 20006	04 21 2017 Transaction ID : A2017-682876 Amount of Each Receipt this Period 38.47					
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Occ	upation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 307.76]					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Wagley, Ronnie, , ,	Date of Receipt							
	Mailing Address 1667 K Street NW Suite 1050	05 05 2017 Transaction ID : A2017-737945							
	Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		38.47					
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item					
	Receipt For: Primary General Other (specify)]							
s	UBTOTAL of Receipts This Page (optional)			115.41					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 322 OF 350 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	NC		
Full Name of Individual (Last, First, Middle II A. Wagley, Ronnie, , , Mailing Address 1667 K Street NW Suite 105 City	0 State	Zip Code	Date of Receipt 05 / 19 / 2017 Transaction ID : A2017-1074019
Washington FEC ID number of contributing federal political committee.	C	20006	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) ecutive Year-to-Date ▼ 384.70	Memo Item
B. Full Name of Individual (Last, First, Middle II) B. Wagley, Ronnie, , , Mailing Address 1667 K Street NW Suite 105		Organization Name	Date of Receipt
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20006	Transaction ID : A2017-1108056 Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) ecutive Year-to-Date ▼ 423,17	Memo Item
C. Full Name of Individual (Last, First, Middle I Wagley, Ronnie, , , Mailing Address 1667 K Street NW Suite 105	Date of Receipt		
City Washington FEC ID number of contributing federal political committee.		Zip Code 20006	Transaction ID : A2017-1211951 Amount of Each Receipt this Period 38.47
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Exe	upation (for Individual) cutive Year-to-Date ▼ 461.64	Memo Item
SUBTOTAL of Receipts This Page (optional)			115.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 323 OF 350 (check only one) 11a 11a 11b
Any information copied from such Reports and S or for commercial purposes, other than using the			13 14 15 16 17 berson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PA			
Full Name of Individual (Last, First, Middle In A. Wagley, Ronnie, , , Mailing Address 1667 K Street NW Suite 1050 City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	State DC C C Exe	Zip Code 20006 cupation (for Individual) ecutive Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Middle In B. Ward, Robert, S, Mr., Mailing Address 5707 TPC Parkway Apt 1626 City San Antonio FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TX C	500.11 Drganization Name Zip Code 78261 cupation (for Individual) ministrator (Ex) Year-to-Date ▼ 211,64	Date of Receipt this Period Date of Receipt this P
Full Name of Individual (Last, First, Middle In Ward, Robert, S, Mr., Mailing Address 5707 TPC Parkway Apt 1626 City San Antonio FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State TX C	Drganization Name Zip Code 78261 cupation (for Individual) ninistrator (Ex) Year-to-Date ▼ 230.88	Date of Receipt 06 16 2017 Transaction ID : A2017-1211937 Amount of Each Receipt this Period 19.24 Memo Item
SUBTOTAL of Receipts This Page (optional)			76.95

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 324 OF 350 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t								
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	٨C							
Full Name of Individual (Last, First, Middle) A. Ward, Robert, S, Mr.,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 5707 TPC Parkway Apt 162	6		06 30 / Y Y Y Y 2017					
City San Antonio	State TX	Zip Code 78261	Transaction ID : A2017-1328615 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		19.24					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]					
Full Name of Individual (Last, First, Middle B. Watts, Randall, K, Mr.,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 200 Pleasant View Drive	06 02 2017							
City Etters	State PA	Zip Code 17319	Transaction ID : A2017-1107967 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		19.24					
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]					
Full Name of Individual (Last, First, Middle C. Watts, Randall, K, Mr.,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 200 Pleasant View Drive	M M / D D / Y Y Y Y 06 16 2017							
City Etters	State PA	Zip Code 17319	Transaction ID : A2017-1211916 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		19.24					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88]					
SUBTOTAL of Receipts This Page (optional).			57.72					

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	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 325 OF 350
ITE			Use separate schedule(s)	
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and Sta r commercial purposes, other than using the r			person for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) Select Medical Corporation PAC			
	ull Name of Individual (Last, First, Middle Initia	I) or Full O	rappization Namo	
	Watts, Randall, K, Mr.,		Iganization Name	Date of Receipt
M	ailing Address 200 Pleasant View Drive			06 30 2017
	ity	State	Zip Code	Transaction ID : A2017-1328684
	tters	PA	17319	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		19.24
	ame of Employer (for Individual)		upation (for Individual)	Memo Item
	elect Medical Corporation eceipt For:		President (Ex)	
[Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) V		250.12	
	ull Name of Individual (Last, First, Middle Initia Neber, Frank, J, Mr.,	l) or Full O	rganization Name	Date of Receipt
	ailing Address 456 Sorrel Lane			02 10 2017
C	ity	State	Zip Code	102017 Transaction ID : A2017-139443
	filton	WV	25541	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		76.93
_				
S	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
R	eceipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		230.79]
	ull Name of Individual (Last, First, Middle Initia Weber, Frank, J, Mr.,	l) or Full O	rganization Name	Date of Receipt
_	ailing Address 456 Sorrel Lane			02 24 2017
C	ity	State	Zip Code	Transaction ID : A2017-252920
Ν	Ailton	WV	25541	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		76.93
	ame of Employer (for Individual) elect Medical Corporation		upation (for Individual) inistrator (Ex)	Memo Item
	eceipt For:		Year-to-Date ▼	
[Primary General	riggiegale		
·	Other (specify)	L	307.72	1
	BTOTAL of Receipts This Page (optional)			173.10

line number only).....

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

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 326 OF 350 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Station commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Weber, Frank, J, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 456 Sorrel Lane	01-1-	7.0.1	03 / D D / Y Y Y Y 03 / 10 2017
	City Milton	State WV	Zip Code 25541	Transaction ID : A2017-317314 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼	Memo Item
	Other (specify) ▼		384.65	
	Full Name of Individual (Last, First, Middle Initia Weber, Frank, J, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 456 Sorrel Lane			03 / D D / Y Y Y Y 03 24 2017
	City Milton	State WV	Zip Code 25541	Transaction ID : A2017-461570 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.58	
	Full Name of Individual (Last, First, Middle Initia Weber, Frank, J, Mr.,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 456 Sorrel Lane			04 / D D / Y Y Y Y 04 07 2017
	City Milton	State WV	Zip Code 25541	Transaction ID : A2017-521423 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.93
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.51	
s	JBTOTAL of Receipts This Page (optional)			230.79

SCHEDULE A ITEMIZED REC	(FEC Form 3X) EIPTS		Use separate for each cate Detailed Sun		FOR LINE NU (check only or 11a 13			7 OF 2 6	350
	d from such Reports and Sta poses, other than using the								S
NAME OF COMMI	TTEE (In Full) al Corporation PAC								
Full Name of Indivi A. Weber, Frank, J	dual (Last, First, Middle Initia , Mr.,	al) or Full O	rganization Nan	ne	Date of Re	ceipt			
Mailing Address 45	6 Sorrel Lane				04 /	D D D 21	/ Y Y 201	Y Y 7	
City Milton		State WV	Zip Code 25541				2 017-68280 eipt this Pe		
FEC ID number of federal political con	0	С					- 	76.93	
Name of Employer Select Medical Corp Receipt For: Primary Other (specify	General	Adm	upation (for Indi hinistrator (Ex) Year-to-Date ▼	vidual) 615.44	Memo	ttem			
B. Full Name of Individ Weber, Frank, Mailing Address 45		al) or Full O	rganization Nan	ne	Date of Re	ceipt	/ Y Y	Y Y	
City Milton FEC ID number of federal political con	0	State WV	Zip Code 25541				201 2017-737875 eipt this Pe	5	
Name of Employer Select Medical Corp			upation (for Indi ninistrator (Ex)	vidual)	Memo	Item			
Receipt For: Primary Other (specify	General /) ▼		Year-to-Date ▼	692.37					
Full Name of Individ C. Weber, Frank	dual (Last, First, Middle Initia , J, Mr.,	al) or Full O	rganization Nan	ne	Date of Re	ceipt			
Mailing Address 45	6 Sorrel Lane				M M /	D D D 19	/ Y Y 201	7 Y	
City Milton		State WV	Zip Code 25541				2017-107408 eipt this Pe		_
FEC ID number of federal political con	0	С				y	,	76.93	
Name of Employer Select Medical Corp Receipt For: Primary Other (specify	ooration General	Adm	upation (for Indi inistrator (Ex) Year-to-Date ▼	vidual) 769.30	Memo) Item			
SUBTOTAL of Recei	ots This Page (optional)						2	230.79	

SCHEDULE A (ITEMIZED RECE			Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 328 OF 350 11c 12 15 16 17
			/ not be sold or used by any p ldress of any political committe		
NAME OF COMMITT	EE (In Full)				
A. Weber, Frank, J, N		l) or Full Or	ganization Name	Date of Receipt	
Mailing Address 456	Sorrel Lane			06 / D D 02	2017
City Milton		State WV	Zip Code 25541	Transaction ID : A2 Amount of Each Rece	
FEC ID number of co federal political comm	0	С			76.93
Name of Employer (for Select Medical Corpor	,		pation (for Individual) nistrator (Ex)	Memo Item	
Receipt For: Primary Other (specify)] General ▼	Aggregate \	/ear-to-Date ▼ 846.23	1	
Full Name of Individu B. Weber, Frank, J	al (Last, First, Middle Initia , Mr.,	l) or Full Or	ganization Name	Date of Receipt	
Mailing Address 456	Sorrel Lane			06 / D D 06 16	2017 Y Y Y
City Milton		State WV	Zip Code 25541	Transaction ID : A2 Amount of Each Rece	
FEC ID number of co federal political comm	0	С			76.93
Name of Employer (f Select Medical Corpor	or Individual) ation		pation (for Individual) inistrator (Ex)	Memo Item	
Receipt For: Primary Other (specify)	General ▼	Aggregate	/ear-to-Date ▼ 923.16]	
Full Name of Individu c. Weber, Frank,	al (Last, First, Middle Initia J, Mr.,	l) or Full Or	ganization Name	Date of Receipt	
Mailing Address 456	Sorrel Lane			M M / D D 06 30	2017
City Milton		State WV	Zip Code 25541	Transaction ID : A2 Amount of Each Rece	
FEC ID number of co federal political comm	0	С			76.93
Name of Employer (fe Select Medical Corpor			pation (for Individual) nistrator (Ex)	Memo Item	
Receipt For: Primary Other (specify)	General	Aggregate	/ear-to-Date ▼ 1000.09]	
SUBTOTAL of Receipts	s This Page (optional)				230.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 329 OF 350 (check only one) I1a I1a 11b I1c 12 I3 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation P/	٩C		
Full Name of Individual (Last, First, MiddleA.Wells, Mark, T, ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1108 1/2 E. Palm Ave			03 / D D / Y Y Y Y 28 2017
City Tampa	State FL	Zip Code 33605	Transaction ID : A2017-464475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Exe	upation (for Individual) cutive	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name of Individual (Last, First, Middle B. White, Andrea, F, Mrs.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1817 Jacobs Lane			06 / 02 / Y Y Y Y 2017
City Vestavia Hills	State AL	Zip Code 35216	Transaction ID : A2017-1108033 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
Full Name of Individual (Last, First, Middle C. White, Andrea, F, Mrs.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1817 Jacobs Lane			06 16 / Y Y Y Y 2017
City Vestavia Hills	State AL	Zip Code 35216	Transaction ID : A2017-1211928 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88]
SUBTOTAL of Receipts This Page (optional).			538.48

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 330 OF 350 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;		
Α.	Full Name of Individual (Last, First, Middle Initi White, Andrea, F, Mrs.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 1817 Jacobs Lane			06 / D D / Y Y Y Y 06 2017
	City Vestavia Hills	State AL	Zip Code 35216	Transaction ID : A2017-1328606 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Adn	upation (for Individual) ninistrator (Ex) Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		250.12	
в.	Full Name of Individual (Last, First, Middle Initi Williams, Brian, J, Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			01 27 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-56412
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.78	
— C.	Full Name of Individual (Last, First, Middle Initi Williams, Brian, J, Mr.,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 9670 Rod Road			02 10 / Y Y Y Y 02 10 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-139449 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.17	
s	UBTOTAL of Receipts This Page (optional)			250.02

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

Im	age# 201707269069823661			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 331 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	Full Name of Individual (Last, First, Middle In		Dragnization Namo	
Α.			Sigarization Name	Date of Receipt
	Mailing Address 9670 Rod Road			02 24 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-252991
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 461.56	
В.	Full Name of Individual (Last, First, Middle In Williams, Brian, J, Mr., Mailing Address 9670 Rod Road	nitial) or Full C	Drganization Name	Date of Receipt
				03 10 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-317262
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 576.95]
C.	, , , ,	nitial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 9670 Rod Road	State	Zip Code	M M / D D / Y
	Alpharetta	GA	30022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 692.34	

SUBTOTAL of Receipts This Page (optional)	[,		,	34	6.17	
TOTAL This Period (last page this line number only)	I		_		-]

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 332 OF 350 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			04 07 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-521365 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.73]
В.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			04 21 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-682744 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.12]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			05 / D D / Y Y Y Y 05 2017
	City Alpharetta	State GA	Zip Code 30022	Transaction ID : A2017-737814 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President (Ex)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1038.51	
s	UBTOTAL of Receipts This Page (optional)			346.17

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 333 OF 350 (check only one) 11a 11a 11b 11c 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 9670 Rod Road			05 / 19 / Y Y Y Y 2017
	City	State	Zip Code	Transaction ID : A2017-1074028
	Alpharetta	GA	30022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President (Ex)	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) v	<u> </u>	1153.90	1
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name	Date of Descipt
В.	Williams, Brian, J, Mr., Mailing Address 9670 Rod Road			Date of Receipt
	Walling Address 9670 Rod Road			06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1107927
	Alpharetta	GA	30022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President (Ex)	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	<u> </u>	1269.29	1
c.	, , , , , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 9670 Rod Road			M M / D D / Y Y Y Y 06 16 2017
	City	State	Zip Code	Transaction ID : A2017-1212019
	Alpharetta	GA	30022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Select Medical Corporation Receipt For:	1	e President (Ex)	
	Primary General	Aggregate	Year-to-Date V	_
	Other (specify)		1384.68]
5	UBTOTAL of Receipts This Page (optional)			346.17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 334 OF 350 (check only one)
	-		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 9670 Rod Road			06 / D D / Y Y Y Y Y 06 30 2017
	City	State	Zip Code	Transaction ID : A2017-1328644
	Alpharetta	GA	30022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Oco	cupation (for Individual)	Memo Item
	Select Medical Corporation	Vic	ce President (Ex)	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.07	
			, ,	
P	Full Name of Individual (Last, First, Middle Initia Winn, Eleyce, , ,	al) or Full (Organization Name	Date of Receipt
D.	Mailing Address 1667 K Street NW			
	Suite 1050			06 02 2017
	City	State	Zip Code	Transaction ID : A2017-1108062
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		19.24
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) recutive	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		211.64	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Winn, Eleyce, , ,	al) or Full (Organization Name	Date of Receipt
	Mailing Address 1667 K Street NW			
	Suite 1050	State	Zip Code	06 16 2017
	City Washington	DC	20006	Transaction ID : A2017-1211957
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.	С		19.24
	Name of Employer (for Individual)	Oco	cupation (for Individual)	Memo Item
	Select Medical Corporation	Exe	ecutive	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		230.88	
s	UBTOTAL of Receipts This Page (optional)			153.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 335 OF 350 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	۲C		
Full Name of Individual (Last, First, Middle I A. Winn, Eleyce, , , Mailing Address 1667 K Street NW	nitial) or Full C	Organization Name	Date of Receipt
Suite 1050			06 30 2017
City Washington	State DC	Zip Code 20006	Transaction ID : A2017-1328635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12]
Full Name of Individual (Last, First, Middle I B. Yap, Eric, A, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 6082 Castlebury Boulevard			06 / D D / Y Y Y Y Y 2017
City Hilliard	State OH	Zip Code 43026	Transaction ID : A2017-1108044
FEC ID number of contributing federal political committee.	C	+5020	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator (Ex)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.64]
Full Name of Individual (Last, First, Middle I C. Yap, Eric, A, Mr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 6082 Castlebury Boulevard			06 / D D / Y Y Y Y 06 16 2017
City Hilliard	State OH	Zip Code 43026	Transaction ID : A2017-1211939 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.24
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.88	1
SUBTOTAL of Receipts This Page (optional)			57.72

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 336 OF 350 (check only one) ************************************										
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mana and a	ay not be sold or used by any penderess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	,												
Α.	Full Name of Individual (Last, First, Middle Initi Yap, Eric, A, Mr.,	al) or Full C	rganization Name	Date of Receipt										
	Mailing Address 6082 Castlebury Boulevard			06 30 2017										
	City Hilliard	State OH	Zip Code 43026	Transaction ID : A2017-1328617 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		19.24										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator (Ex)	Memo Item										
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В.	Full Name of Individual (Last, First, Middle Initi Mailing Address	al) or Full C	organization Name	Date of Receipt										
	City	State	Zip Code	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
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	City	State	Zip Code	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
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s	UBTOTAL of Receipts This Page (optional)		••••••••••••••••••••••••••••••••••••••	19.24										
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Detailed Summary Page 280 28 <th28< th=""> 28 28 28<</th28<>	ITEMIZED DISBURSEMEN	ГS			(ch		-	one	¬´		22		7 26		27						
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Full Name (Last, First, Middle Initial) Date of Disbursement A Jeff Flake for US Senate Inc. Date of Disbursement Mailing Address PO Box 12512 01 City State Canddate Name Calegory Flake, Jeff, Disbursement For: 2018 Office Sought: President Disbursement Other (specify) Vite State A2 B3. Jeff Flake for US Senate Inc. Disbursement For: 2018 Purpose of Disbursement Disbursement For: 2018 State: A2 Disbursement Senate President Other (specify) State: A2 City State Tempe State: A2 Contribution Other (specify) Contribution Other (specify) Contribution Other (specify) Fiake, Jeff, Disbursement For: 2018 President Disbursement For: 2018 State: A2 Disbursement Contribution Contribution Other (specify) Tempe Purpose of Disbursement President	NAME OF COMMITTEE (In Full)																				
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Tempe AZ 85284 Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Candidate Name Disbursement For: 2018 President Other (specify) Office Sought: Yesident President Other (specify) State: AZ Disbursement Control Other (specify) State State: AZ Disbursement Control City State: Purpose of Disbursement Construct Office Sought: House Prepose of Disbursement Construct Office Sought: House Prepose of Disbursement Construct Office Sought: House Prepose of Disbursement President Other (specify) State: AZ Distrot: Full Name (Last, First, Middle Initial) Committee To Re-elect Linda Sanchez Mailing Address 410 1st St State Suite 310 City State: Mailing Address 410 1st St Stat	Mailing Address PO Box 12512									/			/ Y			Ŷ					
Purpose of Dickursement Contribution Image: Contribution Image: Contribution Candidate Name Flake, Jeff, , , Other (specify) Transaction ID: 8647693 Flake, Jeff, , , Other (specify) Type Office Sought: Image: Vector (specify) Image: Vector (specify) Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement 3. Jeff Flake for US Senate Inc. Date of Disbursement Date of Disbursement Contribution Other (specify) Date of Disbursement Coordinates Contribution Other (specify) Date of Disbursement Coordinates Contribution Other (specify) Date of Disbursement Coordinates Contribution Other (specify) Transaction ID: 86476893 Amount of Each Disbursement Contribution Other (specify) Transaction ID: 86476893 Amount of Each Disbursement Contribution Other (specify) Transaction ID: 86476893 Amount of Each Disbursement Contribution Other (specify) Transaction ID: 86476893 Amount of Each Disbursement State: Az Senate Primary General Memo Item	City							FEC Identification Number													
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Candidate Name Category/ Type Transaction 10 : 8647693 Amount of Each Disbursement this Period Office Sought:					01	11	11	(C	C00)3472	60									
Flake, Jeff, , , Office Sought: Notes Disbursement For: 2018 Senate S	Candidate Name																				
Office Sought: House Disbursement For: 2018 5000.00 State: AZ District: Memo Item Full Name (Last, First, Middle Initial) 3. Jeff Flake for US Senate Inc. Date of Disbursement Mailing Address PO Box 12512 05 16 2017 City State Zip Code State Scate Purpose of Disbursement Contribution 011 Category/ Transaction ID: B647689 Candidate Name Disbursement For: 2018 Y Primary General Vifice Sought: House Disbursement For: 2018 Memo Item State: AZ Disbursement For: 2018 Memo Item Vifice Sought: House Disbursement For: 2018 Memo Item State: AZ Disbursement For: 2018 Disbursement for: 2018 Date of Disbursement State: AZ Disbursement Cortribution Disbursement State: 27 2017 City State: AZ Disbursement For: 2018 Disbursement State: 27 2017 City Senate Disbursement For: 2018 Category/ Transactio																					
State: AZ Other (specify) Memo Item Full Name (Last, First, Middle Initial) Deft of Disbursement Date of Disbursement City State: Zip Code State State City Cardidate Name AZ B5284 FEC Identification Number City City State State City State City City State City State State City State City Transaction ID : B647689 Amount of Each Disbursement this Period Cardidate Name President Disbursement For: 2018 Primary General Memo Item State: AZ District: Other (specify) General Memo Item State State State State City Zip Code Memo Item State City Zip Code State City Zip Code <		Disburse	ment For: 2	2018	,	•	5000.00														
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Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address PO Box 12512 Date of Disbursement City State Zip Code Purpose of Disbursement Other General Office Sought: House Disbursement For: 2018 Yesident Other (specify) Memo Item State: AZ Disbursement Address 410 1st St SE Suite 310 City State Zip Code Mailing Address 410 1st St SE Suite 310 City State Zip Code Purpose of Disbursement Other (specify) State: AZ Disbursement For: 2018 Committee To Re-elect Linda Sanchez Date of Disbursement Mailing Address 410 1st St SE Suite 310 City State Zip Code Purpose of Disbursement Disbursement For: 2018 Office Sought: House Disbursement For: 2018 Office Sought: House Disbursement For: 2018 Sanchez, Linda, , , President Other (specify) ▼ State: CA District: 38 SubtrottL o			Other (spec	cify) 🔻				Г	Me	mo	Item										
3. Jeff Flake for US Senate Inc. Date of Disbursement Mailing Address PO Box 12512 City State Zip Code AZ B5284 Purpose of Disbursement Ot1 Candidate Name Ot1 Flake, Jeff, , , Ot1 Office Sought: House President Disbursement For: 2018 State: AZ State: AZ State: AZ District: President Other (specify) General Other (specify) General Other (specify) Date of Disbursement Committee To Re-elect Linda Sanchez Date of Disbursement Mailing Address 410 1st St SE Suite 310 City Sanchez, Linda, , , Purpose of Disbursement Disbursement For: 2018 Sanchez, Linda, , , Disbursement For: 2018 Senate President Purpose of Disbursement Construction Number Candidate Name Senate Senate President Senate President Senate Presi																					
Mailing Address PO Box 12512 City State Zip Code Purpose of Disbursement Ontribution Contribution 011 Category/ FEC Identification Number Flake, Jeff, , Other (specify) Office Sought: Mouse Purpose of Disbursement Disbursement For: 2018 Office Sought: President President Other (specify) State: AZ Mailing Address 410 1st St SE Suite 310 City State Mailing Address 410 1st St SE Suite 310 City State Sanchez, Linda, , , Disbursement For: 2018 President Disbursement For: 2018 State: CA Office Sought: House Disbursement For: 2018 Primary General Other (specify) Other (specify) General Other (specify) General Other (specify) Memo Item Subtrotal of Disbursements This Page (optional) Memo Item		nc						Г	Date of	Dis	sburse	eme	nt								
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NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Full Name (Last, First, Middle Initial) A. Judy Chu for Congress				Date of Disbursement										
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Mailing Address PO Box 12667				05 / D D / Y Y Y Y 16 2017										
City Bakersfield	State CA	Zip Code 93389		FEC Identification Number										
Purpose of Disbursement Contribution		93309	011	C C00420935										
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Full Name (Last, First, Middle Initial) A. Kevin McCarthy for Congress					Date of Disbursement										
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Α.	Full Name (Last, First, Middle Initial) Ben Cardin for Senate						Date o	_	sburse		ent	Y Y	Y									
	Mailing Address P.O. Box 21093		1				04		2	25		2	017									
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Λ.	Josh Gottheimer for Congress							/	D		Y	YY	Y					
	Mailing Address PO Box 584						06 07 2017											
	City Ridgewood	State NJ	Zip Code 07451				FEC Identification Number											
	Purpose of Disbursement	110	07431	_	_		С	C005	57394	19		- 1						
	Contribution			01	1			-			364940	03						
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_	Full Name (Last, First, Middle Initial)																	
В.	Josh Gottheimer for Congress						Date of	Dist										
	Mailing Address PO Box 584	g Address PO Box 584								D / 8	Y	2017	Y					
	City	State	Zip Code				FEC Ide	entific	catior	ו Nun	nber							
	Ridgewood Purpose of Disbursement	NJ 07451						C C00573949										
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_	Full Name (Last, First, Middle Initial)																	
C.	Martin Heinrich for Senate						Date of	Dist		_	_							
	Mailing Address P.O. Box 25763						04	/	20		Y	2017	Y					
	City	State NM	Zip Code 87125				FEC Ide	entific	catior	ו Nun	nber							
	Albuquerque Purpose of Disbursement	INIVI	87125	_	_		С	C004	43456	33	_	_						
	Contribution	01	1			insad	ction	ID : F	36465	03								
	Candidate Name Heinrich, Martin, T, ,			Categ Typ			Amount	of E	Each	Disbu	irseme	ent this I	Period					
		ment For: 2	2018	1.76								2500.0	00					
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SC	HEDULE B (FEC Form 3X)			FOR L	INE NUMBER: PAGE 345 OF 35											
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	Select Medical Corporation PAC															
	Full Name (Last, First, Middle Initial) People for Ben				Date of Disbursement											
	Mailing Address PO Box 31129				06 02 2017											
	City Santa Fe	State NM	Zip Code		FEC Identification Number											
	Purpose of Disbursement		87594		C C00443689											
	Contribution			011												
	Candidate Name			Category	Transaction ID : B649120 Amount of Each Disbursement this Period											
	Lujan, Ben, R, , Office Sought: 🙀 House Disburse	ement For:	2018	Туре	1000.00											
	Senate	1	General													
	State: NM District: 03	Other (spe	cify) ▼		Memo Item											
	Full Name (Last, First, Middle Initial)															
В.	Rosen for Nevada				Date of Disbursement											
	Mailing Address 1000 N. Green Valley Pkwy #440-177				05 / 23 / Y Y Y 2017											
	#440-177	State	Zip Code		FEC Identification Number											
	Henderson Purpose of Disbursement	NV	89074		C C00606939											
	Contribution															
	Candidate Name			Category	Transaction ID : B648188 Amount of Each Disbursement this Period											
	Rosen, Jacky, , ,			Туре												
	Office Sought: X House Disburse Senate X	ment For:	2018 General		1000.00											
	President	Other (spe			Memo Item											
	State: NV District: 03]														
	Full Name (Last, First, Middle Initial) Faso for Congress				Date of Disbursement											
					M = M / D = D / Y = Y = Y											
	Mailing Address PO Box 448				02 28 2017											
	City	State	Zip Code		FEC Identification Number											
	Kinderhook Purpose of Disbursement	NY	12106		C C00580415											
	Contribution			011	Transaction ID : B642373											
	Candidate Name			Category												
	Faso, John, , , Office Sought: x House Disburse	ement For:	2018	Туре	5000.00											
	House Disburse Disburse	Primary	General													
	President	Other (spe	cify) 🔻		Memo Item											
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Full Name (Last, First, Middle Initial) A. Faso for Congress						Date c	_	sburse			Y Y	YYY					
Mailing Address PO Box 448	1					02 28 2017											
City Kinderhook	State NY	Zip Code 12106			FEC Identification Number C C00580415 Transaction ID : B642374 Amount of Each Disburgement this Bariad												
Purpose of Disbursement Contribution Candidate Name)11													
Faso, John, , ,	ement For:	2019		egory ype	/	Amount of Each Disbursement this Period											
Senate President	Primary Other (spe	5000.00 Memo Item															
State: NY District: 19 Full Name (Last, First, Middle Initial) B. Tiberi for Congress						Date o	_	sburse		nt	v	YYY					
Mailing Address 2931 E. Dublin Granville Rd. #190	#190								30			017					
City Columbus Purpose of Disbursement	State OH	Zip Code 43231	_	_	_	FEC Identification Number											
Contribution Candidate Name Tiberi, Pat, , , Office Sought: x House Disburs	ement For:	2018	Cate)11 egory ype	/	Transaction ID : B648621 Amount of Each Disbursement this Peri 2700.00											
Senate President State: OH District: 12	7	General				Memo Item											
Full Name (Last, First, Middle Initial) C. Citizens for Prosperity in America	Today P	PAC				Date c	_	sburse		nt	V	Y Y					
Mailing Address 228 S Washington St Suite 115						03	ĺ)2			017					
City Alexandria	State VA	Zip Code 22314				FEC lo	lenti	ficatio	n N	umbe	r	-					
Purpose of Disbursement Contribution Candidate Name	ribution							04916 action Each	۱D			this Period					
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	y information copied from such Reports and State for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
	Select Medical Corporation PAC													
	Full Name (Last, First, Middle Initial) Friends of Pat Toomey				Date of Disbursement									
	Mailing Address 228 S Washington St Suite 115				03 / 02 / Y Y Y Y 2017									
	1	State VA	Zip Code 22314		FEC Identification Number									
	Purpose of Disbursement Contribution			011	C C00461046									
	Candidate Name Toomey, Pat, , ,			Category/ Type	Transaction ID : B642561 Amount of Each Disbursement this Period									
		ment For: Primary	2022 General	туре	5000.00									
	State: PA District:	Other (spe			Memo Item									
_	Full Name (Last, First, Middle Initial)													
Β.	Friends of Pat Toomey				Date of Disbursement									
	Mailing Address 228 S Washington St Suite 115			03 02 2017										
	City Alexandria	State VA	Zip Code 22314		FEC Identification Number									
	Purpose of Disbursement Contribution			011	C C00461046 Transaction ID : B642562									
	Candidate Name			Category/	Amount of Each Disbursement this Period									
	Toomey, Pat, , , Office Sought: House Disburse	ment For:	2022	Туре	5000.00									
	X Senate	Primary	General											
	State: PA District:	Other (spe	cify)		Memo Item									
	Full Name (Last, First, Middle Initial) Republican Federal Committee of	Pennsvl	vania		Date of Disbursement									
	Mailing Address 112 State Street				05 / Y Y Y Y 06 16 2017									
	City	State	Zip Code		FEC Identification Number									
	Harrisburg Purpose of Disbursement Contribution	PA	17101		C C00044842									
	Candidate Name			011 Category/ Type	Transaction ID : B647688 Amount of Each Disbursement this Period									
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<u> </u>	Full Name (Last, First, Middle Initial)																	
А.	Making America Prosperous PAC								Date of Disbursement									
	Mailing Address PO Box 2485					01 04 Y Y Y Y 01 04												
	City	State Zip Code VA 22152					FEC Identification Number											
	Springfield Purpose of Disbursement	VA	VA 22152				С	C00445379										
	Contribution	011						63755	5									
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	Full Name (Last, First, Middle Initial)																	
В.	DCCC								Date of Disbursement									
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	Mailing Address 430 S. Capitol St. SE 2nd Floor																	
	City Washington	State DC							FEC Identification Number									
	Purpose of Disbursement		C C00000935 Transaction ID : B642558															
	Contribution	11																
	Candidate Name		Category/ Type						Amount of Each Disbursement this Period									
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	Full Name (Last, First, Middle Initial)																	
C.	Team Ryan		Date of Disbursement															
	Mailing Address 320 First Street SE		03 08 2017															
	City Washington	State DC						FEC Identification Number										
	Purpose of Disbursement Contribution		C C00545947															
	Candidate Name	4					64423											
		Category/ Type									Amount of Each Disbursement this Period							
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Full Name (Last, First, Middle Initial) A. Team Ryan								Date of Disbursement											
Mailing Address 320 First Street SE	lailing Address 320 First Street SE								03 22 2017										
City						FEC Identification Number													
Washington Purpose of Disbursement																			
Contribution							C C00545947												
Candidate Name				egory/ /pe		Transaction ID : B644228 Amount of Each Disbursement this P													
	ce Sought: House Disbursement For: 2017							25000.00											
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B. Team Ryan								Date of Disbursement											
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NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Full Name (Last, First, Middle Initial) A. John Bel Edward Campaign													
Mailing Address 1800 Jimmie Davis Hwy Suite A	Suite A												
City Bossier City Purpose of Disbursement	State LA	Zip Code 71112		FEC Identification Number									
P-2019 Governor LA			011	Transaction ID : B624218									
Edwards, John Bel, , ,	ement For:	2010	Category/ Type	Amount of Each Disbursement this Period									
Senate X President	1	General		Voided: Original check dated Memo Item 08/30/16									
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