

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street) 4714 Gettysburg Road

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

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

C C00546119

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 02 / 25 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer William Walters [Electronically Filed] Date 04 / 15 / 2016

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		121630.99
(b) Cash on Hand at Beginning of Reporting Period.....	102421.96	
(c) Total Receipts (from Line 19) .....	18752.34	46543.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	121174.30	168174.30
7. Total Disbursements (from Line 31).....	45038.51	92038.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	76135.79	76135.79
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15270.03	32193.48
(ii) Unitemized .....	3482.31	14349.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18752.34	46543.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	18752.34	46543.31
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18752.34	46543.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18752.34	46543.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	92000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	38.51	38.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	38.51	38.51
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45038.51	92038.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45038.51	92038.51

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18752.34	46543.31
34. Total Contribution Refunds (from Line 28(d)) .....	38.51	38.51
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18713.83	46504.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361460**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361161**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Ms. Joan Alverzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461452**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 545 Mud College Road

City State Zip Code  
Littlestown PA 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361461**

Amount of Each Receipt this Period  
76.93

Memo Item

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

Mailing Address 545 Mud College Road

City State Zip Code  
Littlestown PA 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361162**

Amount of Each Receipt this Period  
76.93

Memo Item

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

Mailing Address 545 Mud College Road

City State Zip Code  
Littlestown PA 17340

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461453**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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



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

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

FOR LINE NUMBER: PAGE 9 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Joedy L Berkstresser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361549**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Joedy L Berkstresser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361249**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Joedy L Berkstresser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461540**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 10 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361464**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**B. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361165**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. Mr. Edwin A Bodensiek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3047 Terra Maria Way  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461456**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.14  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Theodore J Bolcavage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Stone Run Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361466**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Theodore J Bolcavage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Stone Run Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361167**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Theodore J Bolcavage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Stone Run Drive  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461458**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 12 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Daniel F Bradley**

Mailing Address 2261 Turk Road

City State Zip Code  
Doylestown PA 18901

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

Name of Employer Occupation  
Select Medical Corporation President (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361467**

Amount of Each Receipt this Period  
 192.31

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel F Bradley**

Mailing Address 2261 Turk Road

City State Zip Code  
Doylestown PA 18901

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

Name of Employer Occupation  
Select Medical Corporation President (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361168**

Amount of Each Receipt this Period  
 192.31

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Daniel F Bradley**

Mailing Address 2261 Turk Road

City State Zip Code  
Doylestown PA 18901

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

Name of Employer Occupation  
Select Medical Corporation President (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461459**

Amount of Each Receipt this Period  
 192.31

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.93

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

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

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

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

**A. Mr. Robert H Brehm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Chestnut St.  
 City Stirling State NJ Zip Code 07980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **769.24**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : A2016-361468**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

**B. Mr. Robert H Brehm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Chestnut St.  
 City Stirling State NJ Zip Code 07980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **961.55**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : A2016-361169**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

**C. Mr. Robert H Brehm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Chestnut St.  
 City Stirling State NJ Zip Code 07980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1153.86**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A2016-461460**  
 Amount of Each Receipt this Period **192.31**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>576.93</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361469**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**B. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361170**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**C. Mr. Robert G Breighner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 613 Carrie Drive  
 City State Zip Code  
 Dallastown PA 17313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461461**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 15 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361471**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361172**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mr. Thomas Buckingham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461463**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

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

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

**A. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361472**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361173**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Raymond F Carnevale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Gemini Dr. Apt. 305  
 City Madison State WI Zip Code 53718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461464**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 17 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361473**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361174**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mrs. Marinella Castroman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461465**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Jevne R Conover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461467**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361477**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361178**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 19 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Brian E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 High Hollow  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461469**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361478**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361179**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 20 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mrs. Lora A Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3022 Eagle Point Way  
 City State Zip Code  
 Tallahassee FL 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461470**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City State Zip Code  
 Richmond TX 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461471**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City State Zip Code  
 Harrisburg PA 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361480**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 21 OF 58  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Stefanie A Dean**

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **576.95**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : A2016-361181**

Amount of Each Receipt this Period **115.39**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mrs. Stefanie A Dean**

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **692.34**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A2016-461472**

Amount of Each Receipt this Period **115.39**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mrs. Miriam R Deemer**

Mailing Address 700 Trombley

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A2016-461473**

Amount of Each Receipt this Period **38.47**

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 22 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. David J DeGumbia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361482**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. David J DeGumbia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361183**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. David J DeGumbia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 383 Pattonwood Dr  
 City Southington State CT Zip Code 06489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461474**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Bahl D Derek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Tavern House Hill

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

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

Name of Employer Select Medical Corporation	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

**Transaction ID : A2016-361559**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Bahl D Derek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Tavern House Hill

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

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

Name of Employer Select Medical Corporation	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

**Transaction ID : A2016-361259**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Bahl D Derek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24 Tavern House Hill

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

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

Name of Employer Select Medical Corporation	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

**Transaction ID : A2016-461550**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 58  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

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

Mailing Address 860 Beachwood Road

City Havertown State PA Zip Code 19083

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : A2016-447216**

Amount of Each Receipt this Period  
**38.47**

Memo Item

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

Mailing Address 2772 Irene Circle

City Roseville State MN Zip Code 55113

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : A2016-361484**

Amount of Each Receipt this Period  
**115.39**

Memo Item

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

Mailing Address 2772 Irene Circle

City Roseville State MN Zip Code 55113

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.95**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2016**

**Transaction ID : A2016-361185**

Amount of Each Receipt this Period  
**115.39**

Memo Item

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Mr. David D Engelhardt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2772 Irene Circle  
 City Roseville State MN Zip Code 55113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461476**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City Gulf Breeze State FL Zip Code 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361488**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City Gulf Breeze State FL Zip Code 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361189**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Mr. David L Goodson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 Lionsgate Lane  
 City State Zip Code  
 Gulf Breeze FL 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461480**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 Lowell Lane  
 City State Zip Code  
 New Cumberland PA 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361489**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**C. Mr. Antony M Grigonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1636 Lowell Lane  
 City State Zip Code  
 New Cumberland PA 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361190**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461481**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Randal S Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 N. Bonita Avenue  
 City Panama City State FL Zip Code 32401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461541**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361490**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 28 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361191**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Doctor Samuel I Hammerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 239 Butler Street  
 City Kingston State PA Zip Code 18704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461482**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361491**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 461.55  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **384.65**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : A2016-361192**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**B. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.58**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A2016-461483**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**C. Mr. David J Huffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.56**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : A2016-361493**  
 Amount of Each Receipt this Period **115.39**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>269.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. David J Huffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361194**

Amount of Each Receipt this Period 115.39

Memo Item

**B. Mr. David J Huffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461485**

Amount of Each Receipt this Period 115.39

Memo Item

**C. Ms. Stephanie R James**  
Full Name (Last, First, Middle Initial)

Mailing Address 740 Parkins Mill Rd.

City Greenville State SC Zip Code 29607

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361494**

Amount of Each Receipt this Period 115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 346.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms. Stephanie R James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 740 Parkins Mill Rd.  
City Greenville State SC Zip Code 29607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.95**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : A2016-361195**  
Amount of Each Receipt this Period **115.39**  
 Memo Item

**B. Ms. Stephanie R James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 740 Parkins Mill Rd.  
City Greenville State SC Zip Code 29607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **692.34**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A2016-461486**  
Amount of Each Receipt this Period **115.39**  
 Memo Item

**C. Mr. Harry M Jewett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4714 Gettysburg Road  
City Mechanicsburg State PA Zip Code 17055  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.72**

Date of Receipt **02 / 26 / 2016**  
**Transaction ID : A2016-361553**  
Amount of Each Receipt this Period **76.93**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>307.71</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Harry M Jewett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361253**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Harry M Jewett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461544**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361495**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. David F Key**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1286 Brayshore Drive

City Collierville	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

Date of Receipt  
03 / 11 / 2016  
**Transaction ID : A2016-361196**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Mr. David F Key**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1286 Brayshore Drive

City Collierville	State TN	Zip Code 38017
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.58	

Date of Receipt  
03 / 25 / 2016  
**Transaction ID : A2016-461487**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Mr. Aleksey N Kurmakov**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2413 Toftree Drive

City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.72	

Date of Receipt  
02 / 26 / 2016  
**Transaction ID : A2016-361500**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Tofree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361201**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Aleksey N Kurmakov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2413 Tofree Drive  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461492**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mary Lacey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Sunfire Avenue  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361557**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 35 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mary Lacey**

Mailing Address 44 Sunfire Avenue

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Select Medical Corporation VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361257**

Amount of Each Receipt this Period  
76.93

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mary Lacey**

Mailing Address 44 Sunfire Avenue

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Select Medical Corporation VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461548**

Amount of Each Receipt this Period  
76.93

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Bernard Lewandowski**

Mailing Address 26 Joseph Drive

City State Zip Code  
Boiling Springs PA 17007

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361501**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **384.65**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : A2016-361202**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**B. Mr. Bernard Lewandowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Joseph Drive  
 City Boiling Springs State PA Zip Code 17007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.58**

Date of Receipt **03 / 25 / 2016**  
**Transaction ID : A2016-461493**  
 Amount of Each Receipt this Period **76.93**  
 Memo Item

**C. Ms. Lauren B Lindley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Indian Bayou Drive  
 City Destin State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.82**

Date of Receipt **03 / 18 / 2016**  
**Transaction ID : A2016-447219**  
 Amount of Each Receipt this Period **38.47**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 37 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City State Zip Code  
 Schwenksville PA 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361502**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**B. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City State Zip Code  
 Schwenksville PA 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361203**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. Mr. Michael F Malatesta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Serenity Street  
 City State Zip Code  
 Schwenksville PA 19473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President (Ex)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461494**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.14  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361507**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361208**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Michael H McAlister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5950 Fishing Creek Road  
 City Nolensville State TN Zip Code 37135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461499**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 39 OF 58  
(check only one)

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

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

**A. Mr. Michael T McGovern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2452 Club Road

City Columbus	State OH	Zip Code 43221
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

**Transaction ID : A2016-361508**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Mr. Michael T McGovern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2452 Club Road

City Columbus	State OH	Zip Code 43221
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

**Transaction ID : A2016-361209**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Mr. Michael T McGovern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2452 Club Road

City Columbus	State OH	Zip Code 43221
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

**Transaction ID : A2016-461500**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. James McNulty**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Woodside Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361509**

Amount of Each Receipt this Period 115.39

Memo Item

**B. Mr. James McNulty**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Woodside Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361210**

Amount of Each Receipt this Period 115.39

Memo Item

**C. Mr. James McNulty**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Woodside Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461501**

Amount of Each Receipt this Period 115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17

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



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

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

FOR LINE NUMBER: PAGE 41 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361512**

Amount of Each Receipt this Period  
 115.39

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361213**

Amount of Each Receipt this Period  
 115.39

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mrs. Sharon A Noro**

Mailing Address 24 3rd Street

City State Zip Code  
Aspinwall PA 15215

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461504**

Amount of Each Receipt this Period  
 115.39

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Matthew P Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 W 72nd Street  
 City State Zip Code  
 Prairie Village KS 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Administrator (Ex)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 769.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361515**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**B. Mr. William L Pegler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City State Zip Code  
 Mechanicsburg PA 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President, Operations (Ex) - 0  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361555**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. William L Pegler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City State Zip Code  
 Mechanicsburg PA 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Select Medical Corporation Vice President, Operations (Ex) - 0  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361255**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	423.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. William L Pegler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 Gettysburg Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President, Operations (Ex) - 0  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461546**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Ms. Chandelle L Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20528 Lagoona Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461513**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1339 Sconssett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361525**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 44 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361225**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Mr. Brian R Rusignuolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1339 Sconsett Way  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461516**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Mr. Jeffrey J Ruskan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Beechwood Drive  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361526**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 461.55  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.65**

Date of Receipt **03 / 11 / 2016**

**Transaction ID : A2016-361226**

Amount of Each Receipt this Period **76.93**

Memo Item

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.58**

Date of Receipt **03 / 25 / 2016**

**Transaction ID : A2016-461517**

Amount of Each Receipt this Period **76.93**

Memo Item

**C. Ms. Beth R Sarfaty**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.82**

Date of Receipt **03 / 18 / 2016**

**Transaction ID : A2016-447221**

Amount of Each Receipt this Period **38.47**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **192.33**

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

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

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

FOR LINE NUMBER: PAGE 46 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Lake Village Court  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361527**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Lake Village Court  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361227**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Ms. Megan P Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Lake Village Court  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461518**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 47 OF 58  
(check only one)

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

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

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

**A. Mrs. Gloria J Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

**Transaction ID : A2016-361529**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Mrs. Gloria J Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

**Transaction ID : A2016-361229**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Mrs. Gloria J Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

**Transaction ID : A2016-461520**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Mr. Jon C Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 Matterhorn Ln  
City Flower Mound State TX Zip Code 75022-7879  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361528**  
Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mr. Jon C Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 Matterhorn Ln  
City Flower Mound State TX Zip Code 75022-7879  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361228**  
Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mr. Jon C Skinner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 Matterhorn Ln  
City Flower Mound State TX Zip Code 75022-7879  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461519**  
Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 49 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361533**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361233**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. John J St. Leger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461524**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Justin E Stover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 Fox Follow Raod  
 City Mechicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361558**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Justin E Stover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 Fox Follow Raod  
 City Mechicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361258**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Justin E Stover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 Fox Follow Raod  
 City Mechicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461549**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 51 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361538**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361238**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Mr. Thomas N Therout**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10240 Madison  
 City Omaha State NE Zip Code 68127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461529**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Patrick W Tuer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.56**

Date of Receipt **02 / 26 / 2016**

**Transaction ID : A2016-361556**

Amount of Each Receipt this Period **115.39**

Memo Item

**B. Mr. Patrick W Tuer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.95**

Date of Receipt **03 / 11 / 2016**

**Transaction ID : A2016-361256**

Amount of Each Receipt this Period **115.39**

Memo Item

**C. Mr. Patrick W Tuer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.34**

Date of Receipt **03 / 25 / 2016**

**Transaction ID : A2016-461547**

Amount of Each Receipt this Period **115.39**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **346.17**

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

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

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

FOR LINE NUMBER: PAGE 53 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy C Wadman**

Mailing Address 204 Babbling Brook Drive

City State Zip Code  
Saint Charles MO 63303

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361542**

Amount of Each Receipt this Period  
76.93

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mr. Timothy C Wadman**

Mailing Address 204 Babbling Brook Drive

City State Zip Code  
Saint Charles MO 63303

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361242**

Amount of Each Receipt this Period  
76.93

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mr. Timothy C Wadman**

Mailing Address 204 Babbling Brook Drive

City State Zip Code  
Saint Charles MO 63303

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

Name of Employer Occupation  
Select Medical Corporation Administrator (Ex)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461533**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 54 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A2016-361545**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt 03 / 11 / 2016  
**Transaction ID : A2016-361245**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Mr. Frank J Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Sorrel Lane  
 City Milton State WV Zip Code 25541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A2016-461536**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 55 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Brian J Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : A2016-361547**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Mr. Brian J Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2016  
**Transaction ID : A2016-361247**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Mr. Brian J Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9670 Rod Road  
 City Alpharetta State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : A2016-461538**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.17
<b>TOTAL</b> This Period (last page this line number only).....▶	15270.03

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Common Sense Colorado PAC**

Mailing Address PO Box 1978

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B596809**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moving America Forward**

Mailing Address 972 W. Whitmire Drive

City State Zip Code  
Melbourne FL 32935

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B596811**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Keystone America PAC**

Mailing Address PO Box 58746

City State Zip Code  
Philadelphia PA 19102

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B596807**

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Camp. Cmte**

Mailing Address 430 S. Capitol St. SE  
2nd Fl.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

Transaction ID : B596468

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dem. Senatorial Campaign Cmte**

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : B597680

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Team Ryan**

Mailing Address 824 S Milledge Ave  
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2016

Transaction ID : B596813

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

30000.00

45000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brian R Rusignuolo**

Mailing Address 1339 Sconsett Way

City State Zip Code  
New Cumberland PA 17070

Purpose of Disbursement  
Refund to Employee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

**Transaction ID : B595474**

Amount of Each Disbursement this Period

38.51
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Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

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

38.51
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38.51
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