

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

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on 05 / 20 / 2014 in the State of KY

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 30 / 2014

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer William Walters [Electronically Filed] Date 05 / 08 / 2014

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

Office Use Only table with 7 columns and 1 row, containing FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10375.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15693.98"/>	<input type="text" value="51440.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="26069.31"/>	<input type="text" value="63069.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22000.00"/>	<input type="text" value="59000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4069.31"/>	<input type="text" value="4069.31"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 04 / 01 / 2014 To: 04 / 30 / 2014

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).....	13077.37	36751.44
(ii) Unitemized	2616.61	14689.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15693.98	51440.92
(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)	15693.98	51440.92
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))..... ▶	15693.98	51440.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15693.98	51440.92

DETAILED SUMMARY PAGE
of Disbursements

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.....	22000.00	59000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22000.00	59000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22000.00	59000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15693.98	51440.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15693.98	51440.92
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: PAGE 6 OF 33
(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 Littlestown State PA Zip Code 17340

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2014
Transaction ID : A2014-733849

Amount of Each Receipt this Period
76.93

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

Mailing Address 545 Mud College Road

City Littlestown State PA Zip Code 17340

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014
Transaction ID : A2014-797116

Amount of Each Receipt this Period
76.93

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

Mailing Address 3047 Terra Maria Way

City Ellicott City State MD Zip Code 21042

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2014
Transaction ID : A2014-733852

Amount of Each Receipt this Period
76.93

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

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

: 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 33
(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. Edwin A Bodensiek
Full Name (Last, First, Middle Initial)
Mailing Address 3047 Terra Maria Way
City Ellicott City State MD Zip Code 21042
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 692.37

Date of Receipt 04 / 25 / 2014
Transaction ID : A2014-797119
Amount of Each Receipt this Period 76.93

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 ▼ 923.12

Date of Receipt 04 / 11 / 2014
Transaction ID : A2014-733854
Amount of Each Receipt this Period 115.39

C. Mr. Robert H Brehm
Full Name (Last, First, Middle Initial)
Mailing Address 605 Chestnut St.
City Stirling State NJ Zip Code 07980
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 04 / 25 / 2014
Transaction ID : A2014-797121
Amount of Each Receipt this Period 115.39

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

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

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

FOR LINE NUMBER: PAGE 9 OF 33
(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. Douglas L Brewer
 Mailing Address 351 Sawmill Road
 City Dillsburg State PA Zip Code 17019
 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 ▼ **807.73**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 11 / 2014
Transaction ID : A2014-733856
 Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
B. Ms. Diane M Brozowsky
 Mailing Address 1795 Alpine Avenue
 City Boulder State CO Zip Code 80304
 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 ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 16 / 2014
Transaction ID : A2014-746488
 Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Thomas Buckingham
 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 ▼ **923.12**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 11 / 2014
Transaction ID : A2014-733858
 Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional)..... ▶ **730.78**
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 33
(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. Thomas Buckingham

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 ▼ **1038.51**

Date of Receipt
04 / 25 / 2014
Transaction ID : A2014-797124

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
B. Mr. Raymond F Carnevale

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
04 / 11 / 2014
Transaction ID : A2014-733859

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
c. Mr. Raymond F Carnevale

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
04 / 25 / 2014
Transaction ID : A2014-797125

Amount of Each Receipt this Period
76.93

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. Mrs. Marinella Castroman		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 Transaction ID : A2014-733860
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.12	

Full Name (Last, First, Middle Initial) B. Mrs. Marinella Castroman		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : A2014-797126
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1038.51	

Full Name (Last, First, Middle Initial) C. Mr. Jevne R Conover		Date of Receipt MM / DD / YYYY 04 / 11 / 2014 Transaction ID : A2014-733863
Mailing Address 11896 Lakeshore Drive		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.44	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
<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. 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 ▼ 692.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797129
 Amount of Each Receipt this Period
 76.93

B. Mr. Fred R Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 564 Fawnhill Drive
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733864
 Amount of Each Receipt this Period
 115.39

C. Mr. Fred R Cullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 564 Fawnhill Drive
 City Langhorne State PA Zip Code 19047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797130
 Amount of Each Receipt this Period
 115.39

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

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Brian E Davis		Date of Receipt
Mailing Address 1211 High Hollow		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Mechanicsburg State PA Zip Code 17050		Transaction ID : A2014-733866
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
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 ▼	
	<input type="text" value="923.12"/>	

Full Name (Last, First, Middle Initial) B. Mr. Brian E Davis		Date of Receipt
Mailing Address 1211 High Hollow		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Mechanicsburg State PA Zip Code 17050		Transaction ID : A2014-797132
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
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 ▼	
	<input type="text" value="1038.51"/>	

Full Name (Last, First, Middle Initial) C. Mrs. Teresa L Davis		Date of Receipt
Mailing Address 1019 Deerfield Road		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		Transaction ID : A2014-733868
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
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 ▼	
	<input type="text" value="923.12"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="346.17"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 OF 33
(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. Teresa L Davis

Mailing Address 1019 Deerfield Road

City Richmond State TX Zip Code 77406

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1038.51**

Date of Receipt **04 / 25 / 2014**

Transaction ID : A2014-797134

Amount of Each Receipt this Period **115.39**

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 ▼ **615.44**

Date of Receipt **04 / 11 / 2014**

Transaction ID : A2014-733869

Amount of Each Receipt this Period **76.93**

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

Date of Receipt **04 / 25 / 2014**

Transaction ID : A2014-797135

Amount of Each Receipt this Period **76.93**

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

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

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

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

FOR LINE NUMBER: PAGE 15 OF 33
(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. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City Elizabethtown State PA Zip Code 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733871
 Amount of Each Receipt this Period
 76.93

B. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City Elizabethtown State PA Zip Code 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797137
 Amount of Each Receipt this Period
 76.93

C. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733872
 Amount of Each Receipt this Period
 115.39

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

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

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. David J DeGumbia		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797138
Mailing Address 383 Pattonwood Dr		Amount of Each Receipt this Period 115.39
City Southington	State CT	Zip Code 06489
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1038.51	

Full Name (Last, First, Middle Initial) B. Bruce Gans		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2014 Transaction ID : A2014-733878
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.12	

Full Name (Last, First, Middle Initial) C. Bruce Gans		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797144
Mailing Address Six Amherst Road		Amount of Each Receipt this Period 115.39
City Chatham	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1038.51	

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 17 OF 33
	<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. Doctor Samuel I Hammerman		Date of Receipt
Mailing Address 239 Butler Street		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Kingston	State PA	Zip Code 18704
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2014-733880
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="115.39"/>
	<input type="text" value="461.56"/>	

Full Name (Last, First, Middle Initial) B. Doctor Samuel I Hammerman		Date of Receipt
Mailing Address 239 Butler Street		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Kingston	State PA	Zip Code 18704
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2014-797147
Name of Employer Select Medical Corporation	Occupation Chief Medical Officer (Ex)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="115.39"/>
	<input type="text" value="576.95"/>	

Full Name (Last, First, Middle Initial) C. Mrs. Barbara E Hannan		Date of Receipt
Mailing Address 83 Krattiger Court		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City West Milford	State NJ	Zip Code 07480
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2014-733881
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="76.93"/>
	<input type="text" value="615.44"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="307.71"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mrs. Barbara E Hannan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797148
Mailing Address 83 Krattiger Court		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.37	

Full Name (Last, First, Middle Initial) B. Mr. David F Key		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2014 Transaction ID : A2014-733885
Mailing Address 1286 Brayshore Drive		Amount of Each Receipt this Period 76.93
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 ▼ 615.44	

Full Name (Last, First, Middle Initial) C. Mr. David F Key		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797152
Mailing Address 1286 Brayshore Drive		Amount of Each Receipt this Period 76.93
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 ▼ 692.37	

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 19 OF 33
	<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. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733890
 Amount of Each Receipt this Period
 76.93

B. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797157
 Amount of Each Receipt this Period
 76.93

C. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733892
 Amount of Each Receipt this Period
 76.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Adriane L Lutes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2371 Pullman Way
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797159
 Amount of Each Receipt this Period
 76.93

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 ▼ 923.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733900
 Amount of Each Receipt this Period
 115.39

C. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797167
 Amount of Each Receipt this Period
 115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mrs. Sharon A Noro		Date of Receipt
Mailing Address 24 3rd Street		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Aspinwall PA 15215		Transaction ID : A2014-733903
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="615.44"/>	

Full Name (Last, First, Middle Initial) B. Mrs. Sharon A Noro		Date of Receipt
Mailing Address 24 3rd Street		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City State Zip Code Aspinwall PA 15215		Transaction ID : A2014-797170
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="692.37"/>	

Full Name (Last, First, Middle Initial) C. Mr. Matthew P Pearson		Date of Receipt
Mailing Address 4514 W 72nd Street		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City State Zip Code Prairie Village KS 66208		Transaction ID : A2014-733905
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="923.12"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="269.25"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 OF 33
(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. 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 ▼
 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797172
 Amount of Each Receipt this Period
 115.39

B. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City State Zip Code
 Meridian MS 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 615.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733912
 Amount of Each Receipt this Period
 76.93

C. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City State Zip Code
 Meridian MS 39305
 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 ▼
 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797179
 Amount of Each Receipt this Period
 76.93

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

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

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

FOR LINE NUMBER: PAGE 23 OF 33
(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. James H Rogers

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.44**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : A2014-733915

Amount of Each Receipt this Period
76.93

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

Mailing Address 106 Queens Retreat

City Savannah State GA Zip Code 31419

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.37**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : A2014-797182

Amount of Each Receipt this Period
76.93

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

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 ▼ **615.44**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : A2014-733916

Amount of Each Receipt this Period
76.93

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mr. Brian R Rusignuolo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797183
Mailing Address 1339 Sconsett Way		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.37	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey J Ruskan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2014 Transaction ID : A2014-733917
Mailing Address 304 Beechwood Drive		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.44	

Full Name (Last, First, Middle Initial) C. Mr. Jeffrey J Ruskan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797184
Mailing Address 304 Beechwood Drive		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.37	

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 25 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Ms. Megan P Schmidt		Date of Receipt
Mailing Address 16 Lake Village Court		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Johnson City	TN	37601
FEC ID number of contributing federal political committee.		Transaction ID : A2014-733918
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
Name of Employer	Occupation	
Select Medical Corporation	Regional President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="692.34"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Megan P Schmidt		Date of Receipt
Mailing Address 16 Lake Village Court		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Johnson City	TN	37601
FEC ID number of contributing federal political committee.		Transaction ID : A2014-797185
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.39"/>
Name of Employer	Occupation	
Select Medical Corporation	Regional President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="807.73"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Jon C Skinner		Date of Receipt
Mailing Address 2524 Matterhorn Ln		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Flower Mound	TX	75022-7879
FEC ID number of contributing federal political committee.		Transaction ID : A2014-733920
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.93"/>
Name of Employer	Occupation	
Select Medical Corporation	Vice President (Ex)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="615.44"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="307.71"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 26 OF 33
(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. Jon C Skinner

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 ▼ **692.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : A2014-797187

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Doctor Lisa K Snyder

Mailing Address 567 Nauvoo Road

City Lewisberry State PA Zip Code 17339

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

Name of Employer Select Medical Corporation Occupation Senior VP (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : A2014-746487

Amount of Each Receipt this Period
3000.00

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

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
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : A2014-733925

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ **3153.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John 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
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797192
 Amount of Each Receipt this Period
 76.93

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 ▼ 461.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733930
 Amount of Each Receipt this Period
 115.39

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797197
 Amount of Each Receipt this Period
 115.39

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Linda M Tiemens
Full Name (Last, First, Middle Initial)
Mailing Address 1558 South Fern Place
City Broken Arrow State OK Zip Code 74012
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **615.44**

Date of Receipt **04 / 11 / 2014**
Transaction ID : A2014-733932
Amount of Each Receipt this Period **76.93**

B. Ms. Linda M Tiemens
Full Name (Last, First, Middle Initial)
Mailing Address 1558 South Fern Place
City Broken Arrow State OK Zip Code 74012
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **692.37**

Date of Receipt **04 / 25 / 2014**
Transaction ID : A2014-797199
Amount of Each Receipt this Period **76.93**

C. Mr. Joel T Veit
Full Name (Last, First, Middle Initial)
Mailing Address 345 North 30th Street
City Camp Hill State PA Zip Code 17011
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 **3000.00**

Date of Receipt **04 / 24 / 2014**
Transaction ID : A2014-762218
Amount of Each Receipt this Period **3000.00**

SUBTOTAL of Receipts This Page (optional)..... **3153.86**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Timothy C Wadman		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014 Transaction ID : A2014-733935
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.44	

Full Name (Last, First, Middle Initial) B. Mr. Timothy C Wadman		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2014 Transaction ID : A2014-797202
Mailing Address 204 Babbling Brook Drive		Amount of Each Receipt this Period 76.93
City Saint Charles	State MO	Zip Code 63303
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.37	

Full Name (Last, First, Middle Initial) C. Mr. Frank J Weber		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014 Transaction ID : A2014-733938
Mailing Address 456 Sorrel Lane		Amount of Each Receipt this Period 76.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.65	

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 30 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797205
 Amount of Each Receipt this Period
 76.93

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 ▼ 923.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733940
 Amount of Each Receipt this Period
 115.39

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 ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797207
 Amount of Each Receipt this Period
 115.39

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

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

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

FOR LINE NUMBER: PAGE 31 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Coleen Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Bohler Road
 City Appling State GA Zip Code 30802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014
Transaction ID : A2014-733942
 Amount of Each Receipt this Period
 76.93

B. Ms. Coleen Zimmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Bohler Road
 City Appling State GA Zip Code 30802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014
Transaction ID : A2014-797209
 Amount of Each Receipt this Period
 76.93

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	153.86
TOTAL This Period (last page this line number only).....▶	13077.37

**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. Tom Cotton for Senate

Mailing Address PO Box 7504

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas Cotton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : B493745

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tom Cotton for Senate

Mailing Address PO Box 7504

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas Cotton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : B493747

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee 2014

Mailing Address PO BOX 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : B493260

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee 2014

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : B493262

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Robert Casey for Senate

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

011

Candidate Name

Bob Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : B494168

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Mark Warner

Mailing Address 2034 Eisenhower Avenue
Ste. 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2014

Transaction ID : B493893

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

22000.00