



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		11628.39
(b) Cash on Hand at Beginning of Reporting Period.....	4069.31	
(c) Total Receipts (from Line 19) .....	5473.96	56914.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9543.27	68543.27
7. Total Disbursements (from Line 31).....	3000.00	62000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6543.27	6543.27
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

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).....	4030.99	40782.43
(ii) Unitemized .....	1442.97	16132.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5473.96	56914.88
(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) .....	5473.96	56914.88
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))..... ▶	5473.96	56914.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5473.96	56914.88

**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.....	3000.00	62000.00
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)) ..	3000.00	62000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	62000.00

**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) .....	5473.96	56914.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5473.96	56914.88
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 19  
(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 ▼ **769.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856450**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **769.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856453**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mr. Robert H Brehm**

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 ▼ **1153.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856455**

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 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 ▼ 1153.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856458**  
 Amount of Each Receipt this Period  
 115.39

**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 ▼ 461.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856459**  
 Amount of Each Receipt this Period  
 76.93

**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 ▼ 1153.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856460**  
 Amount of Each Receipt this Period  
 115.39

<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: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Michael E Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 W Miner St. Apt. 2nd Floor Fro  
 City West Chester State PA Zip Code 19382  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-789721**  
 Amount of Each Receipt this Period  
 500.00

**B. 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 ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856463**  
 Amount of Each Receipt this Period  
 76.93

**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 ▼ 1153.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856464**  
 Amount of Each Receipt this Period  
 115.39

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	692.32
<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 9 OF 19
	<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. 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 ▼ 1153.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856466**  
 Amount of Each Receipt this Period  
 115.39

**B. Mrs. Teresa L Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Deerfield Road  
 City Richmond State TX Zip Code 77406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856468**  
 Amount of Each Receipt this Period  
 115.39

**C. Mrs. Stefanie A Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6421 Farmcrest Lane  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856469**  
 Amount of Each Receipt this Period  
 76.93

<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 10 OF 19  
(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 ▼ 538.51

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856471**  
 Amount of Each Receipt this Period  
 76.93

**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 ▼ 1153.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856472**  
 Amount of Each Receipt this Period  
 115.39

**C. Bruce Gans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Six Amherst Road  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856478**  
 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 11 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856481**  
 Amount of Each Receipt this Period  
 115.39

**B. Mrs. Barbara E Hannan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Krattiger Court  
 City West Milford State NJ Zip Code 07480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856482**  
 Amount of Each Receipt this Period  
 76.93

**C. Mr. David F Key**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1286 Brayshore Drive  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856486**  
 Amount of Each Receipt this Period  
 76.93

<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 12 OF 19  
(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. Aleksey N Kurmakov**

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 ▼ **769.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856491**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**B. Mrs. Adriane L Lutes**

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 ▼ **384.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856493**

Amount of Each Receipt this Period  
**76.93**

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael T McGovern**

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 ▼ **1153.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856500**

Amount of Each Receipt this Period  
**115.39**

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

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Ms. Marcia A McPeak**  
 Mailing Address 9 Appleton Place  
 City State Zip Code  
 Durham NC 27705  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : A2014-789720**  
 Amount of Each Receipt this Period  
 300.00

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 ▼  
 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856503**  
 Amount of Each Receipt this Period  
 76.93

Full Name (Last, First, Middle Initial)  
**C. Mr. Matthew P Pearson**  
 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 ▼  
 1153.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856505**  
 Amount of Each Receipt this Period  
 115.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 492.32  
**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 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. John C Quinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 381 Longwood Drive  
 City Meridian State MS Zip Code 39305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856512**  
 Amount of Each Receipt this Period  
 76.93

**B. Mr. James H Rogers**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 769.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856515**  
 Amount of Each Receipt this Period  
 76.93

**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 ▼ 769.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856516**  
 Amount of Each Receipt this Period  
 76.93

<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 15 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **769.30**

Date of Receipt **05 / 09 / 2014**

**Transaction ID : A2014-856517**

Amount of Each Receipt this Period **76.93**

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

Mailing Address 16 Lake Village Court

City Johnson City State TN Zip Code 37601

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **923.12**

Date of Receipt **05 / 09 / 2014**

**Transaction ID : A2014-856518**

Amount of Each Receipt this Period **115.39**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **769.30**

Date of Receipt **05 / 09 / 2014**

**Transaction ID : A2014-856520**

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 16 OF 19
	(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. John J St. Leger**

Mailing Address 634 Blue Ridge Road

City Pittsburgh	State PA	Zip Code 15239
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

**Transaction ID : A2014-856525**

Amount of Each Receipt this Period  
76.93

Full Name (Last, First, Middle Initial)  
**B. Mr. Thomas N Therout**

Mailing Address 10240 Madison

City Omaha	State NE	Zip Code 68127
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

**Transaction ID : A2014-856530**

Amount of Each Receipt this Period  
115.39

Full Name (Last, First, Middle Initial)  
**C. Ms. Linda M Tiemens**

Mailing Address 1558 South Fern Place

City Broken Arrow	State OK	Zip Code 74012
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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 ▼  
769.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

**Transaction ID : A2014-856532**

Amount of Each Receipt this Period  
76.93

<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 17 OF 19  
(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. Timothy C Wadman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 Babbling Brook Drive  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856535**  
 Amount of Each Receipt this Period  
 76.93

**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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856538**  
 Amount of Each Receipt this Period  
 76.93

**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 ▼ 1153.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : A2014-856540**  
 Amount of Each Receipt this Period  
 115.39

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

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

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

FOR LINE NUMBER: PAGE 18 OF 19  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Coleen Zimmerman**

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 ▼ **384.65**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : A2014-856542**

Amount of Each Receipt this Period  
**76.93**

**B.** 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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.93</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4030.99</b>

**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. Bob Casey for Senate Inc.**

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

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2014

**Transaction ID : B495018**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 2034 Eisenhower Ave

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

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : B495854**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3000.00

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

3000.00