FEC FORM 3X

Γ

01/30/2024 10 : 38

PAGE 1 / 299

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 typ over the lines.	bing, type	12FE4M5	5	
Select Medical Corpor	ation PAC					
ADDRESS (number and street)	4714 Gettysburg Road					
Check if different than previously reported. (ACC)	Mechanicsburg			PA	17055 — —	
2. FEC IDENTIFICATION N	JMBER V	CITY A	S	STATE 🔺	ZIP COL	DE 🔺
C C00546119	3.	. IS THIS REPORT X	NEW (N) OR	AMI (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C	21)	Apr 20 (M4)	Jul 20 (M7)	<u> </u>	0 (M10)	Jan 31 (YE)
July 15 Quarterly Report (C	(C) 12-Day PRE-Election			General (*		Runoff (12R)
October 15 Quarterly Report (C	Report for the	e: Convention	(12C)	Special (1	2S)	
X January 31 Year-End Report (Y	E) Ele	ection on		Y Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the	· · · · · · · · · · · · · · · · · · ·)G)	Runoff (30	DR)	Special (30S)
Termination Report (TER)		ection on	/ D D /	Y Y Y Y Y	in the State of	
5. Covering Period 07		23 through	12 M	/ D D / 31	y y y y y 2023	
I certify that I have examined th Type or Print Name of Treasure	Walters William	t of my knowledge and	belief it is tru	e, correct and	complete.	
Signature of Treasurer	ers, William, , ,		D	ate 01	/ D D / 30	2024 Y
NOTE: Submission of false, erron	eous, or incomplete inform	ation may subject the pe	erson signing th	is Report to the	e penalties of 52	U.S.C. § 30109
Office Use Only					FEC FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

• 	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
5	Select Medical Corporation PAC		
R	eport Covering the Period: From:	7 / 01 / Y Y Y Y 2023 To:	M M / D D / Y Y Y Y 12 31 2023
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		154887.73
	(b) Cash on Hand at Beginning of Reporting Period	63352.49	
	(c) Total Receipts (from Line 19)	187075.17	309289.93
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	250427.66	464177.66
7.	Total Disbursements (from Line 31)	146000.00	359750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104427.66	104427.66
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 07	/ D D / Y Y Y Y 01 2023	To: 12 / 31 / 2023
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	196267.44	200425.02
(i) Itemized (use Schedule A)	186267.44	299135.63
(ii) Unitemized	807.73	10154.30
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	187075.17	309289.93
(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)▶	187075.17	309289.93
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
Ē	0.00	0.00
. All Loans Received	0.00	0.00
		0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	474 474 484	4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
, , , , , , , , , , , , , , , , , , ,		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	187075.17	309289.93
. Total Federal Receipts		

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......▶ 187075.17

309289.93

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 750.00 Expenditures (c) Total Operating Expenditures 750.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 351500.00 138500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including 7500.00 Non-Federal Donations)..... 7500.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 146000.00 359750.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 146000.00 359750.00

I

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	187075.17	309289.93
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	187075.17	309289.93
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	750.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	750.00

	ag e# 20240130300000444											
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the			(che	ck onl	y one	, ,	: PAG		6 OF	299
			Detailed Summa	-	×	11a		11b	11c		12	17
	y information copied from such Reports and S for commercial purposes, other than using the						purp			g con		
$ \rangle$	NAME OF COMMITTEE (In Full)	_										
	Select Medical Corporation PAC	;										
Α.	Full Name of Individual (Last, First, Middle Inite Bellmar, Christopher, , ,	tial) or Full O	rganization Name			Date of	f Rec	ceipt				
	Mailing Address 4714 Gettysburg Rd				1.	M M	/		D / Y		YY	1
	City	State	Zip Code		- 1	07		14)23	
	Mechanicsburg	PA	17055						A2023-1 Receipt th			
	FEC ID number of contributing federal political committee.	С				(Inouri					115.39	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individu	al)		М	emo	Item				
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼			9-1-1-9-1	1615.46								
Full Name of Individual (Last, First, Middle Initial) or Fu B. Bellmar, Christopher, , ,			rganization Name			Date of	f Rec	ceipt				
	Mailing Address 4714 Gettysburg Rd					^M 07	/	D 28		y 202	ү ү 23	1
	City	State	Zip Code						A2023-1			
	Mechanicsburg	PA	17055	_	_ A	moun	t of E	Each F	Receipt th	nis Pe	eriod	_
	FEC ID number of contributing federal political committee.	C			H			,		_	115.39	
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individu	al)		М	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		, , , , ,	1730.85								
С.	Full Name of Individual (Last, First, Middle Inite Bellmar, Christopher, , ,	tial) or Full O	rganization Name			Date of	f Rec	ceipt				
Mailing Address 4714 Gettysburg Rd						^M 08	/	D 11	D / Y	202	23 Y	1
	City	State PA	Zip Code 17055			Trans	sactio	on ID :	: A2023-1	7649) 37	
	Mechanicsburg		17055	_		Moun	t of E	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C			H		_	y			115.39	
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individu	al)	1	М	lemo	ltem				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		ap. 1 1 ap. 1	1846.24								

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 7 (check only one)					OF
		Detailed Summary Page		11a 13		11b 14	11c	12	_
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpo	ose of	soliciting	contr	ributio
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC								
Full Name of Individual (Last, First, Middle Bellmar, Christopher, , ,	Initial) or Full C	Organization Name		Date of	Rec	ceipt			
Mailing Address 4714 Gettysburg Rd				м м 08	1	25	/ Y	ү 202	ү ү З
City Mechanicsburg	State PA	Zip Code 17055					A2023-19		
FEC ID number of contributing federal political committee.	С			Anoun			eceipt this		15.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive		M	emo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1961.63]						
Full Name of Individual (Last, First, Middle 3. Bellmar, Christopher, , ,	Initial) or Full C	Organization Name		Date of	Rec	ceipt			
Mailing Address 4714 Gettysburg Rd				м м 09	1	D D 08	/ Y	2023	у у 3
City Mechanicsburg	State PA	Zip Code 17055	A				A2023-20 eceipt this		
FEC ID number of contributing federal political committee.	ş					,	J.	1	15.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) acutive		M	emo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02								

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bellmar, Christopher, , ,

Mailing Address 4714 Gettysburg Rd			M M / D D / Y Y Y Y 09 22 2023
City	State	Zip Code	Transaction ID : A2023-2121683
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation	Occupa Executi	tion (for Individual) ve	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date V 2192.41	
SUBTOTAL of Receipts This Page (optional)	•	346.17
TOTAL This Period (last page this line num	ber only)	••••••	

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

Date of Receipt

soliciting contributions

299

Image# 202401309600608446							
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	RECEIPTS Use separate schedule(s) for each category of the schedule(s)		FOR LINE NUMBER: PAGE 8 OF 299 (check only one) X 11a 11b 11c 12				
		Detailed Summary Page					
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Select Medical Corporation PAC							
Full Name of Individual (Last, First, Middle I A. Bellmar, Christopher, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4714 Gettysburg Rd			10 / D D / Y Y Y Y 10 06 2023				
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2223671				
		17055	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.39				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Select Medical Corporation	Exe	cutive					
Receipt For: Aggregate Primary General Other (specify) ▼		Year-to-Date ▼ 2307.80					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bellmar, Christopher, , ,			Date of Receipt				
Mailing Address 4714 Gettysburg Rd			10 / Y Y Y Y 2023				
City	State	Zip Code	Transaction ID : A2023-2314423				
Mechanicsburg	PA	17055	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.39				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item				
Receipt For:	Aggregate	Year-to-Date V					
Primary General							
Other (specify) ▼		2423.19					
Full Name of Individual (Last, First, Middle I Bellmar, Christopher, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4714 Gettysburg Rd	1		11 / D D / Y Y Y Y 2023				
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2379817				
		17055	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.39				
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item				
Receipt For:		Vear-to-Date V					

Aggregate Year-to-Date ▼

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

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

2538.58

100

Primary

Other (specify)

General

346.17

1.000

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

299

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	
				13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Select Medical Corporation PA	C		
Α	Full Name of Individual (Last, First, Middle Ir Bellmar, Christopher, , , Mailing Address 4714 Gettysburg Rd	iitial) or Full Or	ganization Name	Date of Receipt
ī	Dity	State	Zip Code	
	Mechanicsburg	PA	17055	Transaction ID : A2023-2519613
-				Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
٦	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
S	Select Medical Corporation	Exec	utive	_
F	Receipt For:	Aggregate	lear-to-Date ▼	_
	Primary General	33 - 3		1
	Other (specify) v		2653.97	
	Full Name of Individual (Last, First, Middle Ir Bellmar, Christopher, , ,	nitial) or Full Or	ganization Name	Date of Receipt
Ν	Aailing Address 4714 Gettysburg Rd			12 01 2023
Ċ	Dity	State	Zip Code	Transaction ID : A2023-2601817
I	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		115.39
1	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Select Medical Corporation		cutive	
	Receipt For:	Aggregate	lear-to-Date ▼	
	Primary General	Aggregate		
	Other (specify) V		2769.36	1
	Full Name of Individual (Last, First, Middle Ir Bellmar, Christopher, , ,	nitial) or Full Or	ganization Name	Date of Receipt
Ν	Aailing Address 4714 Gettysburg Rd			12 15 2023
Ċ	Dity	State	Zip Code	Transaction ID : A2023-2802091
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation	Occu Exec	pation (for Individual) utive	Memo Item
Peopint For:			/ear-to-Date ▼ 2884.75]
su	BTOTAL of Receipts This Page (optional)			346.17

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

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

100

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

			or each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					for the	purp	ose of	soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initial) Bencomo, Dionisio, , Mr., Mailing Address 2851 SW 137 Court City Miami FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State FL C Occo Vice	upat e Pro	nization Name Zip Code 33175 tion (for Individual) esident ur-to-Date ▼ 1615.46		Amoun	/ sactio	07 on ID : Each R	A2023-1 Receipt th	iis Perio	
B.	Full Name of Individual (Last, First, Middle Initial) Bencomo, Dionisio, , Mr., Mailing Address 2851 SW 137 Court)rga			Date of	f Rec	ceipt	D / Y	y y 2023	Ý
	City Miami FEC ID number of contributing federal political committee.	State Zip Code FL 33175 C Occupation (for Individual)				Transaction ID : A2023-1635699 Amount of Each Receipt this Period 115.39 Memo Item					
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		_	esident ur-to-Date ▼ 1730.85							
C.	Full Name of Individual (Last, First, Middle Initial) Bencomo, Dionisio, , Mr., Mailing Address 2851 SW 137 Court City) or Full O)rga	nization Name		Date or 08	1	04		2023	Y
	Miami FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Descript For:	FL C Occu Vice	Pre	ition (for Individual) ssident tr-to-Date ▼ 1846.24		Amoun	t of E		Receipt th	iis Perio	d 5.39
S	UBTOTAL of Receipts This Page (optional)			•••••••				,		346	5.17
т	OTAL This Period (last page this line number onl	y)						,	-		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

			Use separate schedule(s)		(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c		2 6	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	solicitin	g cont	ributio	ons
\square	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	Select Medical Corporation PAC	;									
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name								
Α.	Bencomo, Dionisio, , Mr.,				Date o	f Re	eceipt				
	Mailing Address 2851 SW 137 Court				08 18 2023						
	City	State FL	Zip Code		Trans	sact	ion ID :	A2023-	188498	33	
	Miami	FL	33175		Amoun	t of	Each F	Receipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С					-ge - 1		1	15.39	Э
	Name of Employer (for Individual)	Occi	upation (for Individual)	_	М	lemo	o Item				
	Select Medical Corporation		President								
	Receipt For:	Addredate	Year-to-Date ▼								
	Primary General	riggrogato		11.							
	Other (specify) ▼	L	1961.63	4							
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name								
В.	Bencomo, Dionisio, , Mr.,				Date o	f Re	eceipt				
	Mailing Address 2851 SW 137 Court				м м 09	1	D 01	О / Y	202	3	
	City	State	Zip Code					A2023-1			
	Miami	FL	33175	- :	Amoun	t of	Each F	Receipt t	his Pei	riod	
	FEC ID number of contributing federal political committee.	С					-y		1	15.39	Э
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		M	lemo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	riggrogato		11.							
	Other (specify) ▼	L	2077.02	4							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Bencomo, Dionisio, , Mr.,	ial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 2851 SW 137 Court				09	/	15		202		
	City	State	Zip Code		Trans	sact	ion ID :	A2023-	203697	76	
	Miami	FL	33175		Amoun	t of	Each F	Receipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С					y .	, ,	1	15.39	Э
	Name of Employer (for Individual)	Occi	upation (for Individual)	_	N	lem	o Item				
			President								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		2192.41	11							
	Other (specify)										
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	3	346.17	7
Т	OTAL This Period (last page this line number o	only)		•				- 41-		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate		FOR LINE NUMBER: PAGE 12 OF 299 (check only one)				
		for each categ Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the							
\setminus	NAME OF COMMITTEE (In Full)							
	Select Medical Corporation PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	l) or Full Organization Name	•	Date of Receipt				
	Mailing Address 2851 SW 137 Court			09 29 2023				
	City	State Zip Code		Transaction ID : A2023-2130241				
	Miami	FL 33175		_ Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		115.39				
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individ Vice President	dual)	Memo Item				
	Receipt For:	Aggregate Year-to-Date ▼		7				
	Primary General Other (specify) ▼		2307.80					
в.	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	I) or Full Organization Name	1	Date of Receipt				
	Mailing Address 2851 SW 137 Court			10 13 2023				
	City	State Zip Code		Transaction ID : A2023-2294503				
	Miami	FL 33175		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		115.39				
	Name of Employer (for Individual)	Occupation (for Indivi	dual)	Memo Item				
	Select Medical Corporation	Vice President						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Other (specify) ▼		2423.19					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Bencomo, Dionisio, , Mr.,	l) or Full Organization Name	1	Date of Receipt				
	Mailing Address 2851 SW 137 Court			10 27 2023				
	City	State Zip Code		Transaction ID : A2023-2353849				
	Miami	FL 33175		Amount of Each Receipt this Period				
		С		115.39				
		Occupation (for Individ Vice President	dual)	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	2538.58					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 13 OF

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by ar e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С	
Full Name of Individual (Last, First, Middle Ini Bencomo, Dionisio, , Mr., Mailing Address 2851 SW 137 Court City Miami FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code FL 33175 C Occupation (for Individual) Vice President Vice President Aggregate Year-to-Date ▼ 2653.97	Date of Receipt Date of Receipt 11 10 2023 Transaction ID : A2023-2465169 Amount of Each Receipt this Period 115.39 Memo Item
Full Name of Individual (Last, First, Middle Ini B. Bencomo, Dionisio, , Mr., Mailing Address 2851 SW 137 Court City Miami FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	itial) or Full Organization Name State Zip Code FL 33175 C Occupation (for Individual) Vice President Vice President Aggregate Year-to-Date ▼ 2769.36	Date of Receipt
Full Name of Individual (Last, First, Middle Ini Bencomo, Dionisio, , Mr., Mailing Address 2851 SW 137 Court City Miami FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	itial) or Full Organization Name State Zip Code FL 33175 C Occupation (for Individual) Vice President Vice President Aggregate Year-to-Date ▼ 2884.75	Date of Receipt 12 08 2023 Transaction ID : A2023-2726351 Amount of Each Receipt this Period 115.39 Memo Item
SUBTOTAL of Receipts This Page (optional)		> 346.17

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
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	City	State		Zip Code			acti	1 million (1997)	A2023-28		
	Miami	FL		33175					Receipt this		
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в.	Full Name of Individual (Last, First, Middle Initia Bernhardt, Alison, , ,	l) or Full C	Drgan	ization Name		Date of	f Re	eceipt			
	Mailing Address 4714 Gettysburg Rd					10 ^M	/	D 10		2023	Y
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
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Mailing Address 4714 Gettysburg Rd			11 24 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2587553 Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation	Occu	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 769.24]
Full Name of Individual (Last, First, Middle B. Bernhardt, Alison, , ,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			12 08 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2726388 Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) utive	Memo Item
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Full Name of Individual (Last, First, Middle C. Bernhardt, Alison, , ,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			12 / 22 / 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2802153 Amount of Each Receipt this Period
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Select Medical Corporation

Other (specify)

General

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)					
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	Mailing Address 3269 Blue Goose Road		7.0	10 / Y Y Y Y 10 13 / 2023				
	City Nicktown	State PA	Zip Code 15762	Transaction ID : A2023-2294516 Amount of Each Receipt this Period				
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.79]				
в.	Full Name of Individual (Last, First, Middle Init Blake, Kelly, L, Ms.,	ial) or Full C	Organization Name	Date of Receipt				
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	Mailing Address 3269 Blue Goose Road			11 / D D / Y Y Y Y 11 10 2023				
	City Nicktown	State PA	Zip Code 15762	Transaction ID : A2023-2465181 Amount of Each Receipt this Period				
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В.	Full Name of Individual (Last, First, Middle Ini Blake, Kelly, L, Ms., Mailing Address 3269 Blue Goose Road	tial) or Full C	Orgai	nization Name		Date c	of Re	eceipt	D	/	YY	Y				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 18 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		〈 11a		11b	11c	12								
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Mailing Ado	dress 207 Bryant St				м м 07	/	07		ү ү 2023	Y						
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	dress 207 Bryant St	Date of Receipt 07 21 2023														
City		Transaction ID : A2023-1635683														
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SCHEDULE A	(FEC Form 3X)
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PAGE 19 OF

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в.	Full Name of Individual (Last, First, Middle Initial) Bolcavage, Theodore, J, Mr.,	or Full O	rgar	nization Name		Date o	of Re	ecei	ipt				
	Mailing Address 207 Bryant St		M 09	/		01	/ Y	20) 23	Ŷ			
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с.	Full Name of Individual (Last, First, Middle Initial) Bolcavage, Theodore, J, Mr.,	or Full O	rgar	nization Name		Date o	of Re	ecei	ipt				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 20 OF

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	Select Medical Corporation	Vice	President													
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SCHEDULE A	(FEC Form 3X)
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PAGE 21 OF

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SCHEDULE A	(FEC Form 3X)
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В.	Full Name of Individual (Last, First, Middle Init Breighner, Robert, G, Mr., Jr.	ial) or Full C	Organization Name		Da	ate of	Recei	ot			
	Mailing Address 613 Carrie Drive					07 07 2023					
	City Dallastown	State PA	Zip Code 17313		Transaction ID : A2023-1633253 Amount of Each Receipt this Period					d	
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individua e President	al)		Me	emo Ite	em			
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с.	Full Name of Individual (Last, First, Middle Init Breighner, Robert, G, Mr., Jr.	ial) or Full C	Organization Name		Di	ate of	Recei	ot			
	Mailing Address 613 Carrie Drive					07 ^M	/ [21	/ Y	2023	Y
	City Dallastown	State PA	Zip Code 17313							635696 is Perio	d
	FEC ID number of contributing federal political committee.	С		Ę		9		y	115	.39	
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1730.85									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 23 OF

299

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
Select Medical Corporation PAC					
Name of Employer (for Individual) Select Medical Corporation	or Full Organization Name State Zip Code PA 17313 C	Date of Receipt 08 04 2023 Transaction ID : A2023-1679304 Amount of Each Receipt this Period 115.39 Memo Item			
Receipt For: A Primary General Other (specify) ▼	aggregate Year-to-Date ▼ 1846.24]			
Full Name of Individual (Last, First, Middle Initial) Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive City Dallastown	or Full Organization Name State Zip Code PA 17313	Date of Receipt			
Name of Employer (for Individual) Select Medical Corporation	C Occupation (for Individual) Vice President uggregate Year-to-Date 1961.63	Memo Item			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive City State Zip Code					
Dallastown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Respire For:	PA 17313 C Occupation (for Individual) Vice President vggregate Year-to-Date ▼ 2077.02	Amount of Each Receipt this Period 115.39 Memo Item			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 24 OF

299

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	Statements may not be sold or used by any pene name and address of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
Select Medical Corporation PA	AC					
Full Name of Individual (Last, First, Middle Ir A. Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive City	nitial) or Full Organization Name	Date of Receipt 09 / 15 / 2023 Transaction ID : A2023-2036973				
Dallastown	PA 17313	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	115.39				
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2192.41					
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name					
B. Breighner, Robert, G, Mr., Jr.		Date of Receipt				
Mailing Address 613 Carrie Drive						
City	State Zip Code	Transaction ID : A2023-2130238				
Dallastown	PA 17313	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	115.39				
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2307.80					
Full Name of Individual (Last, First, Middle Ir C. Breighner, Robert, G, Mr., Jr.	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 613 Carrie Drive	10 / Y Y Y Y 10 13 2023					
City	State Zip Code	Transaction ID : A2023-2294560				
Dallastown	PA 17313	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	115.39				
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	2423.19					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 25 OF

299

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Select Medical Corporation	PAC		
Full Name of Individual (Last, First, Mido A. Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive	dle Initial) or Full Organization Name	Date of Receipt	
0:5			
City Dallastown	State Zip Code PA 17313	Transaction ID : A2023-2353846 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	115.39	
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2538.58	3	
Full Name of Individual (Last, First, Mido B. Breighner, Robert, G, Mr., Jr.	dle Initial) or Full Organization Name	Date of Receipt	
Mailing Address 613 Carrie Drive		11 10 / Y Y Y Y 11 10 2023	
City Dallastown	StateZip CodePA17313	Transaction ID : A2023-2465166 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	115.39	
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2653.97	7	
Full Name of Individual (Last, First, Mido C. Breighner, Robert, G, Mr., Jr.	dle Initial) or Full Organization Name	Date of Receipt	
Mailing Address 613 Carrie Drive		11 / D D / Y Y Y Y 2023	
City Dallastown	State Zip Code PA 17313	Transaction ID : A2023-2587513	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2769.36		
SUBTOTAL of Receipts This Page (option	al)	346.17	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 26 OF

299

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th				or the		bose of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) Select Medical Corporation PA									
Full Name of Individual (Last, First, Middle In Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive City Dallastown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	State PA C	Zip Code 17313 ation (for Individual) resident		Amount	sacti t of	08 ion ID :			
Primary General Other (specify) ▼		2884.75]						
Full Name of Individual (Last, First, Middle In Breighner, Robert, G, Mr., Jr. Mailing Address 613 Carrie Drive City Dallastown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occup Vice F Aggregate Ye	Zip Code 17313 ation (for Individual) President ear-to-Date 3000.00		Amount	actin t of	22 on ID :			1
Full Name of Individual (Last, First, Middle In Brozowsky, Diane, M, Ms., Mailing Address 1795 Alpine Ave City Boulder FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State CO C Occup	Zip Code 80304-3649 ation (for Individual) resident		Amouni	sacti	07		is Perioc 115	39
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FEC Schedule A (Form 3X) Rev. 06/2016

- 10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 27 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports 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.						
\square	NAME OF COMMITTEE (In Full)					
	Select Medical Corporation PAC					
Full Name of Individual (Last, First, Middle Initial) or Full A. Brozowsky, Diane, M, Ms.,		l) or Full O	rganization Name	Date of Receipt		
	Mailing Address 1795 Alpine Ave	State	Zip Code	07 21 2023		
	Boulder	CO	80304-3649	Transaction ID : A2023-1635711 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		115.39		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		1730.85			
В.	Full Name of Individual (Last, First, Middle Initial Brozowsky, Diane, M, Ms.,	Date of Receipt				
Mailing Address 1795 Alpine Ave				08 04 2023		
	City Boulder	State CO	Zip Code 80304-3649	Transaction ID : A2023-1679319		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.24			
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms.,	l) or Full O	organization Name	Date of Receipt		
	Mailing Address 1795 Alpine Ave			M M / D D / Y Y Y Y 08 18 2023		
	City Boulder	State CO	Zip Code 80304-3649	Transaction ID : A2023-1884995 Amount of Each Receipt this Period		
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1961.63			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 28 OF

299

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			11a		11b	11c		12				
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	Mailing Address 1795 Alpine Ave					09 15 2023								
	City Boulder	State CO	Zip Code 80304-3649					A2023-2 Receipt th						
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item										
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с.	Full Name of Individual (Last, First, Middle Initial Brozowsky, Diane, M, Ms.,	l) or Full O	organization Name			Date o	f Re	eceipt						
	Mailing Address 1795 Alpine Ave					м м 09	/	D 29		202	23	Y		
	City Boulder	State CO	Zip Code 80304-3649						: A2023-2 Receipt th					
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	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President						tem Item						
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PAGE 29 OF

299

ITEMIZED RECEIPTS	Detailed Summary Pa	
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Select Medical Corporation PAC	;	
Full Name of Individual (Last, First, Middle Initi A. Brozowsky, Diane, M, Ms., Mailing Address 1795 Alpine Ave City Boulder FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	al) or Full Organization Name State Zip Code CO 80304-3649 C Occupation (for Individual) Vice President Vice President Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) V	2423.	19
Full Name of Individual (Last, First, Middle Initi Brozowsky, Diane, M, Ms., Mailing Address 1795 Alpine Ave City Boulder FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State CO Zip Code 80304-3649 C Occupation (for Individual) Vice President Aggregate Year-to-Date 2538.	Date of Receipt Table of Receipt Table of Receipt Table of Receipt Transaction ID : A2023-2353860 Amount of Each Receipt this Period 115.39 Memo Item 58
Full Name of Individual (Last, First, Middle Initi Brozowsky, Diane, M, Ms., Mailing Address 1795 Alpine Ave City Boulder FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	al) or Full Organization Name State Zip Code CO 80304-3649 C Occupation (for Individual) Vice President Vice President Aggregate Year-to-Date ▼ 2653.	
SUBTOTAL of Receipts This Page (optional)		346.17

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SCHEDULE A	(FEC Form 3X)						
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\backslash	NAME OF COMMITTEE (In Full)															
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Α.	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms.,	l) or Full Or	ganization Name			Date of Receipt										
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	City Boulder	State CO	Zip Code 80304-3649	1	_				A2023-2							
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	Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President					Memo Item										
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Primary General Other (specify) ▼ 2769.36																
в.	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms.,	l) or Full Or	ganization Name			Date o	f Re	ceipt								
	Mailing Address 1795 Alpine Ave				12 08 2023											
	City	State		Transaction ID : A2023-2726362												
	Boulder	CO	80304-3649	Amount of Each Receipt this Period												
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	Name of Employer (for Individual) Select Medical Corporation		pation (for Individ President		М	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼													
с.	Full Name of Individual (Last, First, Middle Initia Brozowsky, Diane, M, Ms.,	l) or Full Or	ganization Name			Date o	f Re	ceipt								
	Mailing Address 1795 Alpine Ave	·				^M 12	1	D 1			023	Y				
	City	State	Zip Code			Trans	sact	ion ID :	A2023-2	2802	127					
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	FEC ID number of contributing federal political committee.	С			115.25						:5					
	Name of Employer (for Individual)	Occu	pation (for Individ	lual)		Μ	emc	tem								
	Select Medical Corporation	Vice	President													
	Receipt For:	Aggregate	Year-to-Date 🔻													
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PAGE 30 OF

299

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SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Select Medical Corporation P Full Name of Individual (Last, First, Middle	the name and ac	ddress of any political committe	person for the purpose of soliciting contributions te to solicit contributions from such committee.
A. Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City Eden Prairie	State MN	Zip Code 55346-4047	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	pation (for Individual) President Year-to-Date ▼ 2692.34	192.31
Full Name of Individual (Last, First, Middle Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City Eden Prairie FEC ID number of contributing	State MN	Zip Code 55346-4047	Date of Receipt
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) President Year-to-Date ▼ 2884.65	192.31
Full Name of Individual (Last, First, Middle Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl	Initial) or Full Or	ganization Name	Date of Receipt 08 / 04 / 2023 Transaction ID : A2023-1679333

FEC ID number of contributing С federal political committee.

Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	Memo Item
Receipt For:	Aggre	egate Year-to-Date ▼	
Other (specify)		3076.96	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 32 OF

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a			11b	11c		12		. –	
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	Mailing Address 19073 Twilight Trl					09 01 2023								
	City Eden Prairie	State MN		Zip Code 55346-4047	Transaction ID : A2023-1924784 Amount of Each Receipt this Period									
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				Occupation (for Individual) Vice President					Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.58												
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ITEMIZED REC	EIPTS

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PAGE 33 OF

299

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and St or for commercial purposes, other than using the	y person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Full Name of Individual (Last, First, Middle Initi Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City Eden Prairie FEC ID number of contributing	State Zip Code MN 55346-4047	Date of Receipt
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ 3846.20	Memo Item
Full Name of Individual (Last, First, Middle Initi Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City	Date of Receipt 10 / 13 / 2023 Transaction ID : A2023-2294531	
Eden Prairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	MN 55346-4047 C Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ 4038.51	Amount of Each Receipt this Period 192.31 Memo Item
Full Name of Individual (Last, First, Middle Initi C. Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City Eden Prairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	ial) or Full Organization Name State Zip Code MN 55346-4047 C Occupation (for Individual) Vice President Vice President Aggregate Year-to-Date ▼ 4230.82	Date of Receipt
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 34 OF

299

	RECEIP 13		Detailed Summary Page		(11a	1	11b	11c		12								
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NAME OF C	COMMITTEE (In Full)																	
Select N	Aedical Corporation F	PAC																
A. Cannon, I	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl							Date of Receipt										
	19073 Twilight Trl		11 ^M	/	10) / Y)23	Y									
City Eden Prairie	2	State MN	Zip Code 55346-4047		Transaction ID : A2023-2465136													
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Select Medic	nployer (for Individual) cal Corporation		upation (for Individual) President		Memo Item													
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City Eden Prairie	<u>,</u>	State MN	Zip Code 55346-4047		Transaction ID : A2023-258754													
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)							
ITEMIZED RECEIPTS								

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PAGE 35 OF

299

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Full Name of Individual (Last, First, Middle Ini Cannon, Matthew, D, , Mailing Address 19073 Twilight Trl City Eden Prairie FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State MN C Occu Vice	rganization Name Zip Code 55346-4047 upation (for Individual) President Year-to-Date ▼ 5000.00		moun	act t of	22 ion ID		this Peri	5	5		
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SCHEDULE A	(FEC Form 3X)
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A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carey, Christopher, , ,							Date of Receipt										
	Mailing Address 4714 Gettysburg Rd	State		Zip Code		08 04 2023 Transaction ID : A2023-1679340												
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	Mailing Address 4714 Gettysburg Rd							08 18 2023										
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PAGE 36 OF

299

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 37 OF

299

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11			11	-	_	1c		12	_ 4 7		
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC															
A.	Full Name of Individual (Last, First, Middle Initial Carey, Christopher, , , Mailing Address 4714 Gettysburg Rd) or Full O	Organization Name			М	f Re		D D	/	Y		- Y	Y		
	City Mechanicsburg	State PA	Zip Code 17055		09 15 2023 Transaction ID : A2023-2037010 Amount of Each Receipt this Period											
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C.	Full Name of Individual (Last, First, Middle Initial Carey, Christopher, , , Mailing Address 4714 Gettysburg Rd) or Full O	Organization Name	_		e of	f Re	_	ipt 13	/	Y)23	Ŷ		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 38 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c	12 16	17				
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Α.	Full Name of Individual (Last, First, Middle Initia Carey, Christopher, , , Mailing Address 4714 Gettysburg Rd	al) or Full O	Organization Name		Date	of Re	· ·		YYY	Y				
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в.	Full Name of Individual (Last, First, Middle Initia Carey, Christopher, , ,	al) or Full O	Organization Name		Date	of Re	ceipt							
	Mailing Address 4714 Gettysburg Rd				11 10 2023									
	City	State	Zip Code		Transaction ID : A2023-2465143									
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	FEC ID number of contributing federal political committee.	С		192.31										
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с.	Full Name of Individual (Last, First, Middle Initia Carey, Christopher, , ,	al) or Full O	Organization Name		Date	of Re	ceipt							
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SCHEDULE A	(FEC Form 3X)
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PAGE 39 OF

299

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
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NAME OF COMMITTEE (In Full) Select Medical Corporation PA		
Full Name of Individual (Last, First, Middle In A. Carey, Christopher, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	itial) or Full Organization Name State Zip Code PA 17055 C Occupation (for Individual) Executive Aggregate Year-to-Date ▼ 4807.75 4807.75	Date of Receipt
Full Name of Individual (Last, First, Middle In B. Carey, Christopher, , , Mailing Address 4714 Gettysburg Rd	itial) or Full Organization Name	Date of Receipt
City Mechanicsburg	State Zip Code PA 17055	Transaction ID : A2023-2802150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	C Occupation (for Individual) Executive Aggregate Year-to-Date	Memo Item
Other (specify) V	5000.00	
Full Name of Individual (Last, First, Middle In C. Carpenter, Allen, , , Mailing Address 4132 3rd St Apt 1 City San Fransisco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State Zip Code CA 94124-2130 C Occupation (for Individual) Executive Aggregate Year-to-Date ▼	Date of Receipt 07 / 14 / 2023 Transaction ID : A2023-1632874 Amount of Each Receipt this Period 115.39 Memo Item
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Sur , ny Paga

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PAGE 40 OF

299

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c		12				
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	Mailing Address 4132 3rd St Apt 1				08	/	D 25)23 [°]	Y			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 41 OF

299

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	1	1c		12	_	
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	City San Fransisco	State CA	Zip Code 94124-2130				ion ID						
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	Primary General Other (specify) ▼		2077.02										
В.	Full Name of Individual (Last, First, Middle Initia Carpenter, Allen, , ,	l) or Full Org	ganization Name		Date o	f Re	eceipt						
	Mailing Address 4132 3rd St Apt 1				09 22 2023								
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С.	Full Name of Individual (Last, First, Middle Initia Carpenter, Allen, , ,	l) or Full Orç	ganization Name		Date o	f Re	eceipt						
	Mailing Address 4132 3rd St Apt 1				^M 10	/	06		Y)23	Y	
	City	State	Zip Code		Trans	sact	ion ID	: A20	23-2	223	672		
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	FEC ID number of contributing federal political committee.					,		y	_	115.3	9		
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	g the name and a		erson for the purpose of soliciting contribution e to solicit contributions from such committee
Full Name of Individual (Last, First, Middl A. Carpenter, Allen, , , Mailing Address 4132 3rd St Apt 1	e Initial) or Full O	rganization Name	Date of Receipt
City San Fransisco	State CA	Zip Code 94124-2130	Transaction ID : A2023-2314424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		cutive Year-to-Date ▼ 2423.19]
Full Name of Individual (Last, First, Middl Carpenter, Allen, , , Mailing Address 4132 3rd St Apt 1	e Initial) or Full O	rganization Name	Date of Receipt
City San Fransisco	State CA	Zip Code 94124-2130	Transaction ID : A2023-2379818 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) cutive Year-to-Date ▼ 2538.58	Memo Item
Full Name of Individual (Last, First, Middl Carpenter, Allen, , , Mailing Address 4132 3rd St Apt 1	e Initial) or Full O	rganization Name	Date of Receipt
City San Fransisco	State CA	Zip Code 94124-2130	11 17 2023 Transaction ID : A2023-2519614 Amount of Each Receipt this Period
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Select Medical Corporation

Other (specify)

General

Receipt For:

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299

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 43 OF

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в.	Full Name of Individual (Last, First, Middle Initia Carpenter, Allen, , ,	l) or Full O	rgai	nization Name		Date o	f Re	eceip	ot							
Mailing Address 4132 3rd St Apt 1							12 15 2023									
	City	State		Zip Code						2023-28						
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Primary General Other (specify) ▼ 2884.75																
с.	Full Name of Individual (Last, First, Middle Initia Carson, Russell, L, ,	l) or Full O	rgar	nization Name		Date o	f Re	eceip	ot							
	Mailing Address 930 Fifth Avenue					^M 11	/	D	28	/ Y		23	Y			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 44 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
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NAME OF COMMITTEE (In Full)								
Select Medical Corporation	n PAC							
Full Name of Individual (Last, First, Mid Castroman, Marinella, , Mrs.,	ddle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2971 Stanfield Avenue		07 07 / Y Y Y Y 2023						
City	State Zip Code	Transaction ID : A2023-1633244						
Orlando	FL 32814	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	115.39						
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	1615.46							
Full Name of Individual (Last, First, Mid B. Castroman, Marinella, , Mrs.,	ddle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2971 Stanfield Avenue	07 21 2023							
City	State Zip Code	Transaction ID : A2023-1635687						
Orlando	FL 32814	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	115.39						
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.85							
Full Name of Individual (Last, First, Mid C. Castroman, Marinella, , Mrs.,	ddle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2971 Stanfield Avenue		08 04 2023						
City	State Zip Code	Transaction ID : A2023-1679295						
Orlando	FL 32814	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	115.39							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Select Medical Corporation	Administrator							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	1846.24							
SUBTOTAL of Receipts This Page (optic	nal)	346.17						
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SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

299

			Detailed Summary Page		X 11a		11b	11c	12	
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	tion copied from such Reports and S hercial purposes, other than using the									
NAME O	F COMMITTEE (In Full)									
Selec	t Medical Corporation PA	C								
	e of Individual (Last, First, Middle Ini	itial) or Full O	rganization Name							
A. Castro	man, Marinella, , Mrs.,				Date o	f Re	eceipt			
Mailing A	ddress 2971 Stanfield Avenue				M 08	/	D D 18	/ Y	y y 2023	Y
City		State	Zip Code		Trans	sact	ion ID :	A2023-1	884971	
Orlando		FL	32814		Amoun	t of	Each R	eceipt th	is Period	
	number of contributing olitical committee.	С							115.3	39
	Employer (for Individual) edical Corporation		upation (for Individual) hinistrator		N	lemo	o Item			
Receipt I		Aggregate	Year-to-Date ▼							
Pri	mary General	, .99109010								
Oth	ner (specify) 🔻	L	1961.63							
	e of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name							
B. Castro	man, Marinella, , Mrs.,				Date o	f Re	eceipt			
	ddress 2971 Stanfield Avenue				09	1	D D 01	/ Y	2023	Y
City		State	Zip Code		Trans	sact	ion ID : /	A2023-19	924746	
Orlando		FL	32814		Amoun	t of	Each R	eceipt th	is Period	
	number of contributing olitical committee.	С							115.:	39
Name of	Employer (for Individual)	Occ	upation (for Individual)		N	lemo	o Item			
	edical Corporation		ninistrator							
Receipt I		Anareaate	Year-to-Date ▼							
Pri	Primary General Aggregate Year-to-Date ▼									
Other (specify) ▼										
	e of Individual (Last, First, Middle Ini oman, Marinella, , Mrs.,	itial) or Full O	rganization Name		Date o	f Re	eceipt			
Mailing A	ddress 2971 Stanfield Avenue				09	/	D D D 15	/ Y	2023 Y	Y
City		State	Zip Code		Tran	sact	ion ID :	A2023-2	036964	
Orlando		FL	32814		Amoun	t of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.						y :	· ·	115.:	39
Select M	Employer (for Individual) edical Corporation	upation (for Individual) inistrator		N	lemo	o Item				
	For: mary General ner (specify)	Aggregate	Year-to-Date ▼ 2192.41	1						
SUBTOTA	L of Receipts This Page (optional)			<u> </u>			y		346.	17

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

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

Image# 202401309600608484			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 OF 299 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a		
Full Name of Individual (Last, First, Middle In A. Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue	nitial) or Full C	Organization Name	Date of Receipt
City Orlando	State FL	Zip Code 32814	Transaction ID : A2023-2130229 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	115.39 Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify)	Adr	Year-to-Date ▼ 2307.80	
Full Name of Individual (Last, First, Middle Ir B. Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue	nitial) or Full C	Organization Name	Date of Receipt
City Orlando	State FL	Zip Code 32814	Transaction ID : A2023-2294551 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adı	upation (for Individual) ministrator Year-to-Date ▼ 2423,19	Memo Item
Full Name of Individual (Last, First, Middle Ir C. Castroman, Marinella, , Mrs.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 2971 Stanfield Avenue City Orlando	State FL	Zip Code 32814	10 27 2023 Transaction ID : A2023-2353837
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For:	Aggregate	Year-to-Date V	

SUBTOTAL of Receipts This Page (optional)	•			9		,	346	6.17	
TOTAL This Period (last page this line number only	y)			-		-		-	

Other (specify)

2538.58

CHEDULE A (FEC Form 3) FEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF (check only one) (check only one) 11a 11b 11c 12 13 14 15 16 16
NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committe	erson for the purpose of soliciting contribution e to solicit contributions from such committee
Full Name of Individual (Last, First, Middle Castroman, Marinella, , Mrs., Mailing Address 2971 Stanfield Avenue	e Initial) or Full O	rganization Name	Date of Receipt
City Orlando	State FL	Zip Code 32814	Transaction ID : A2023-2465157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) iinistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2653.97]
Full Name of Individual (Last, First, Middle Castroman, Marinella, , Mrs.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2971 Stanfield Avenue			11 24 2023
City Orlando	State FL	Zip Code 32814	Transaction ID : A2023-2587564
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.36]
Full Name of Individual (Last, First, Middle Castroman, Marinella, , Mrs.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2971 Stanfield Avenue			M M / D D / Y Y Y Y

Mailing Address 2971 Stanfield Avenue			12 08 2023
City	State FL	Zip Code 32814	Transaction ID : A2023-2726339
Orlando FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	C	ation (for Individual)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2884.75	
SUBTOTAL of Receipts This Page (optional)		····· •	346.17
TOTAL This Period (last page this line numbe	r only)	••••••	

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SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 OF (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle Select Medical Corporation F	PAC		
Full Name of Individual (Last, First, Middle Castroman, Marinella, , Mrs.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2971 Stanfield Avenue			M M / D D / Y Y Y Y Y 12 22 2023
City Orlando	State FL	Zip Code 32814	Transaction ID : A2023-2802104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]
Full Name of Individual (Last, First, Middle Cawley, Karen, A, Ms.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 11877 N 81st St			07 07 2023
City Scottsdale	State AZ	Zip Code 85260-5633	Transaction ID : A2023-1633286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ministrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1615.32]
Full Name of Individual (Last, First, Middle Cawley, Karen, A, Ms.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 11877 N 81st St			07 21 2023
City Scottsdale	State AZ	Zip Code 85260-5633	Transaction ID : A2023-1635729 Amount of Each Receipt this Period
FEC ID number of contributing			

federal political committee.	C	115.38
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional)		_		_	9	34	46.01	
TOTAL This Period (last page this line number only)	1			T				

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 49 OF

299

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
Any information copied from such Reports and s or for commercial purposes, other than using the		erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)												
Select Medical Corporation PA	С											
Full Name of Individual (Last, First, Middle In Cawley, Karen, A, Ms., Mailing Address 11877 N 81st St City Scottsdale FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (maniful)	State Zip Code AZ 85260-5633 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼	Date of Receipt 08 / 04 / 2023 Transaction ID : A2023-1679337 Amount of Each Receipt this Period 115.38 Memo Item										
Uther (specify) ▼ Full Name of Individual (Last, First, Middle In	1846.08 itial) or Full Organization Name											
B. Cawley, Karen, A, Ms., Mailing Address 11877 N 81st St		Date of Receipt										
City Scottsdale	State Zip Code AZ 85260-5633	Transaction ID : A2023-1885013										
	<u>A2</u> 05200-5055	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	115.38										
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item										
Select Medical Corporation Receipt For:	Administrator	_										
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.46											
Full Name of Individual (Last, First, Middle In C. Cawley, Karen, A, Ms.,	itial) or Full Organization Name	Date of Receipt										
Mailing Address 11877 N 81st St		09 / D D / Y Y Y Y 09 01 2023										
City Scottsdale	State Zip Code AZ 85260-5633	Transaction ID : A2023-1924788										
Scottsdale	AZ 85260-5633	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	115.38										
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2076.84											
SUBTOTAL of Receipts This Page (optional)	•	346.14										

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

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 OF (check only one) Image: Check only one in the image: Check only one in the image: Check on the image: Check										
Any information copied from such Reports a	and Statements ma	ay not be sold or used by any	person for the purpose of soliciting contributions										
or for commercial purposes, other than usin	g the name and a	ddress of any political committ	tee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
Select Medical Corporation	PAC												
Full Name of Individual (Last, First, Midd	le Initial) or Full O	rganization Name											
A. Cawley, Karen, A, Ms.,			Date of Receipt										
Mailing Address 11877 N 81st St			09 15 2023										
City	State	Zip Code	Transaction ID : A2023-2037007										
Scottsdale	AZ	85260-5633	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item										
Select Medical Corporation	Adm	ninistrator											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.22											
Full Name of Individual (Last, First, Midd 3. Cawley, Karen, A, Ms.,	le Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 11877 N 81st St			09 29 2023										
City	State	Zip Code	Transaction ID : A2023-2130272										
Scottsdale	AZ	85260-5633	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		115.38										
Name of Freedom (for the division of)	0		Memo Item										

	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	
C.	Full Name of Individual (Last, First, Middle In Cawley, Karen, A, Ms.,	itial) or Full Organization Name	Date of Receipt
	Mailing Address 11877 N 81st St		M M / D D / Y Y Y Y 10 13 2023
	City	State Zip Code	Transaction ID : A2023-2294535
	Scottsdale	AZ 85260-5633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	115.38
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		

SUBTOTAL of Receipts This Page (optional)							9	346.	14	
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TOTAL This Period (last page this line number	only)	- L.			-		-			_

Other (specify)

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

299

ITEMIZED RECEIPTS	SCHEDULE A (FEC Form 3X)	
	ITEMIZED RECEIPTS	fc D

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FOR LINE NUMBER:

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PAGE 51 OF

299

			Detailed Summary Page		X 11a		11b	11c		12					
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	v information copied from such Reports and s for commercial purposes, other than using th														
\setminus	NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PA	C													
Α.	Full Name of Individual (Last, First, Middle In Cawley, Karen, A, Ms.,	nitial) or Full (Organization Name		Date o	of R	leceipt								
	Mailing Address 11877 N 81st St				^M 10	1	/ D 27		ү 2	023	Y				
	City	State	Zip Code		Tran	sac	tion ID	: A2023-2	2353	879					
-	Scottsdale	AZ	85260-5633	Amount of Each Receipt this Period											
	FEC ID number of contributing rederal political committee.	С				l			_	115.3	38				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) Iministrator		N	1em	io Item								
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General Other (specify) ▼		2538.36	1											
в.	Full Name of Individual (Last, First, Middle In Cawley, Karen, A, Ms.,	nitial) or Full (Organization Name		Date o	of R	leceipt								
	Mailing Address 11877 N 81st St			11 10 / Y Y Y Y 2023											
	City	State	Zip Code		Tran	sac	tion ID	: A2023-2	465	139					
-	Scottsdale	AZ	85260-5633		Amour	nt o	f Each	Receipt th	nis F	Period					
	FEC ID number of contributing rederal political committee.	С			<u> </u>		-y		_	115.3	38				
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) Iministrator		N	1em	io Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 2653.74												
С.	Full Name of Individual (Last, First, Middle In Cawley, Karen, A, Ms.,	itial) or Full (Organization Name		Date o	of R	eceipt								
	Mailing Address 11877 N 81st St				M 11	1	/ D			023 [°]	Y				
	City	State	Zip Code		Tran	sac	tion ID	: A2023-2	2587	′546					
-	Scottsdale	AZ	85260-5633		Amour	nt o	f Each	Receipt th	nis F	Period					
	FEC ID number of contributing ederal political committee.	С			<u> </u>		,	. ,	_	115.3	38				
	Name of Employer (for Individual) Select Medical Corporation	cupation (for Individual) ministrator	Memo Item												
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2769.12	1											
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 OF 2 (check only one)
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation I	PAC		
Full Name of Individual (Last, First, Middl A. Cawley, Karen, A, Ms., Mailing Address 11877 N 81st St City	e Initial) or Full Org.	Zip Code	Date of Receipt
Scottsdale FEC ID number of contributing	AZ	85260-5633	Amount of Each Receipt this Period
federal political committee.	C		115.38
Name of Employer (for Individual) Select Medical Corporation		ation (for Individual) istrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2884.50]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В

Date of Receipt
12 22 2023
Transaction ID : A2023-2802146
Amount of Each Receipt this Period
115.38
Memo Item
Date of Receipt
07 / D D / Y Y Y Y 2023
Transaction ID : A2023-1633251
Amount of Each Receipt this Period
115.39
Memo Item
346.15

299

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 53 OF

ITEMIZED RECEIPTS				for each category of the Detailed Summary Page		X 11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na										
\rangle	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC										
Α.	Full Name of Individual (Last, First, Middle Initial Chambers, Jason, S, Mr., Mailing Address 1415 Aaron Creek Drive) or Full C	Drga	nization Name		Date of	Rec	eipt 21) / Y	2023	Y
	City Fisherville	State KY		Zip Code 40023					A2023-1 Receipt th		d
	FEC ID number of contributing federal political committee.	С								115	.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	e Pr	ttion (for Individual) resident ar-to-Date ▼ 1730.85		M	emo	Item			
в.	Full Name of Individual (Last, First, Middle Initial Chambers, Jason, S, Mr., Mailing Address 1415 Aaron Creek Drive	nization Name		Date of	[:] Rec	D [) / Y	2023	Y		
	City Fisherville	State KY		Zip Code 40023	08 04 Transaction ID : A2023-167 Amount of Each Receipt this						d
	FEC ID number of contributing federal political committee.	С						ltom		115	.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vic	e Pi	ation (for Individual) resident			emo	item			
	Primary General Other (specify) ▼	Aggregate	yea	ar-to-Date ▼ 1846,24							
C.	Full Name of Individual (Last, First, Middle Initial Chambers, Jason, S, Mr., Mailing Address 1415 Aaron Creek Drive) or Full C	Drga	nization Name	_	Date of	Rec	eipt) / Y	YY	Ý
	City Fisherville	State KY		Zip Code 40023					A2023-1		
	FEC ID number of contributing federal political committee.	С				Amount	Of E	ach F	Receipt th	115 115	
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	e Pr	tion (for Individual) esident ar-to-Date ▼	Memo Item							
	Primary General Other (specify)			1961.63							
s	UBTOTAL of Receipts This Page (optional)						,		. ,	346	.17
Т	OTAL This Period (last page this line number on	ly)									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 54 OF

299

1T	EMIZED RECEIPTS		Use separate schedule(s)			(check only one)								
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g con	tributi	ons			
<u>.</u>	NAME OF COMMITTEE (In Full)													
\rangle	Select Medical Corporation PAC	:												
Α.	Full Name of Individual (Last, First, Middle Initia Chambers, Jason, S, Mr.,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 1415 Aaron Creek Drive				м м 09	1	01	D / Y	y 202	23	Y			
	City Fisherville	State KY	Zip Code 40023					A2023-1 Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>					115.3	9			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		М	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02]										
В.	Full Name of Individual (Last, First, Middle Initia Chambers, Jason, S, Mr.,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 1415 Aaron Creek Drive				M M 09	1	15		202	23	Ŷ			
	City Fisherville	State KY	Zip Code 40023					A2023-2 Receipt th			_			
	FEC ID number of contributing federal political committee.	С								115.3	9			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		М	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41]										
с.	Full Name of Individual (Last, First, Middle Initia Chambers, Jason, S, Mr.,	al) or Full Oi	rganization Name		Date of	Re	eceipt							
	Mailing Address 1415 Aaron Creek Drive				^M 09	/	29		202	23	Y			
	City Fisherville	State KY	Zip Code 40023					A2023-2 Receipt th			_			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,		115.3	9			
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President		М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.80]										
	UBTOTAL of Receipts This Page (optional)			<u> </u>	<u> </u>	_	9	y		346.1 ⁻	7			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	PAGE 11c	55 12 16	OF
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ac					
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Full Name of Individual (Last, First, Middle Initial) or Full Or A. Chambers, Jason, S, Mr.,	rganization Name	Date of Receipt			

A. Chambers, Jason, S, Mr.,			Date of Receipt
Mailing Address 1415 Aaron Creek Drive			10 / D D / Y Y Y Y 10 13 2023
City	State	Zip Code	Transaction ID : A2023-2294558
Fisherville	KY	40023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item
Receipt For:			_
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2423.19	
Full Name of Individual (Last, First, Middle Chambers, Jason, S, Mr.,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 1415 Aaron Creek Drive			10 27 2023
City	State	Zip Code	Transaction ID : A2023-2353844
Fisherville	KY	40023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2538.58	
Full Name of Individual (Last, First, Middle Chambers, Jason, S, Mr.,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 1415 Aaron Creek Drive			M M / D D / Y Y Y Y 11 10 2023
City	State	Zip Code	Transaction ID : A2023-2465164
Fisherville	KY	40023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2653.97	
SUBTOTAL of Receipts This Page (optional)			346.17

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 OF 299 (check only one)
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA			
Α.	Full Name of Individual (Last, First, Middle In Chambers, Jason, S, Mr.,	nitial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1415 Aaron Creek Drive			11 24 2023
	City Fisherville	State KY	Zip Code 40023	Transaction ID : A2023-2587511
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) e President	Amount of Each Receipt this Period 115.39 Memo Item
_	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2769.36]
В.	Full Name of Individual (Last, First, Middle In Chambers, Jason, S, Mr., Mailing Address 1415 Aaron Creek Drive	nitial) or Full C	Organization Name	Date of Receipt
	City Fisherville	State KY	Zip Code 40023	Transaction ID : A2023-2726346 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75	
C.	Full Name of Individual (Last, First, Middle In Chambers, Jason, S, Mr.,	nitial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1415 Aaron Creek Drive	Ctata	Zin Codo	12 / 22 / 2023
	City Fisherville	State KY	Zip Code 40023	Transaction ID : A2023-2802111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.25
	Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)		,		9	34	6.03	;	
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CHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 OF (check only one)
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Select Medical Corporation P	the name and ad		
Full Name of Individual (Last, First, Middle Chernow, David, S, Mr., Mailing Address 700 Gladstone Court	Initial) or Full Or	ganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1633273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Pres	pation (for Individual) ident Year-to-Date ▼ 2692.34	Memo Item
Full Name of Individual (Last, First, Middle Chernow, David, S, Mr., Mailing Address 700 Gladstone Court	Initial) or Full Or	ganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1635716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.3
Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) ident	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2884.65	1
Full Name of Individual (Last, First, Middle Chernow, David, S, Mr., Mailing Address 700 Gladstone Court	Initial) or Full Or	ganization Name	Date of Receipt

Mailing Address 700 Gladstone Court			08 /	04 /	2023				
City	State	Zip Code	Transaction ID : A2023-1679324						
Mechanicsburg	PA	17055	Amount of	Each Recei	pt this Period				
FEC ID number of contributing federal political committee.	C			192.31					
Name of Employer (for Individual) Select Medical Corporation	Occupa Preside	ation (for Individual) ent	Memo						
Receipt For: Primary General Other (specify)	Aggregate Ye								
SUBTOTAL of Receipts This Page (optional)		•		,	576.93				
TOTAL This Period (last page this line number	r only)	•							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 OF 299 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	С		
Α.	Full Name of Individual (Last, First, Middle In Chernow, David, S, Mr.,	tial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 700 Gladstone Court			08 18 2023
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1885000 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3269.27]
В.	Full Name of Individual (Last, First, Middle In Chernow, David, S, Mr., Mailing Address 700 Gladstone Court	tial) or Full C	Drganization Name	Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17055	09 01 2023 Transaction ID : A2023-1924775 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3461.58	1
C.	Full Name of Individual (Last, First, Middle In Chernow, David, S, Mr.,	tial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 700 Gladstone Court			09 / D D / Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2036994 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		supation (for Individual) sident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3653.89	1

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 59 OF

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or for comme	on copied from such Reports and ercial purposes, other than using the	Statements ma						0	17
		he name and a	ddress of any political committee	erson for the e to solicit co	e purpose ontribution	of solicitin s from suc	g cont h com	ributio	ons Ə.
│ NAME OF	COMMITTEE (In Full)								
Select	Medical Corporation PA	AC							
A. Chernov	of Individual (Last, First, Middle I w, David, S, Mr.,	nitial) or Full O	rganization Name	Date of	of Receipt				
	dress 700 Gladstone Court			M 09		29 / Y	202	23	
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Receipt Fo		Aggregate	Year-to-Date ▼ 3846.20	1					
	of Individual (Last, First, Middle I w, David, S, Mr.,	nitial) or Full O	rganization Name	Date	of Receipt				
Mailing Ac	dress 700 Gladstone Court			10		D / Y 13	202	у у З	7
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Select Me	Employer (for Individual) dical Corporation		upation (for Individual) sident	N	lemo Iten	ı			
Receipt Fo		Aggregate	Year-to-Date ▼ 4038.51	1					
	of Individual (Last, First, Middle I w, David, S, Mr.,	nitial) or Full O	rganization Name	Date	of Receipt				
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Select Me	Employer (for Individual) dical Corporation		upation (for Individual) ident		lemo Iten	1			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Select Medical Corporation P. Full Name of Individual (Last, First, Middle A. Chernow, David, S, Mr., Mailing Address 700 Gladstone Court		Drganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	11 10 2023 Transaction ID : A2023-2465126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Pre	cupation (for Individual) esident • Year-to-Date ▼ 4423.13	192.31
Full Name of Individual (Last, First, Middle B. Chernow, David, S, Mr., Mailing Address 700 Gladstone Court City Mechanicsburg FEC ID number of contributing	State PA	Zip Code 17055	Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 2023 Transaction ID : A2023-2587533 Amount of Each Receipt this Period 192.31
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occ Pre	cupation (for Individual) esident • Year-to-Date ▼ 4615.44	Memo Item
Full Name of Individual (Last, First, Middle C. Chernow, David, S, Mr., Mailing Address 700 Gladstone Court	Initial) or Full C	Drganization Name	Date of Receipt
City Mechanicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055	Transaction ID : A2023-2726368 Amount of Each Receipt this Period 192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Pre	cupation (for Individual) sident • Year-to-Date ▼	Memo Item
Other (specify)		4807.75	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separ for each c	ate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 61 OF 299 (check only one)					
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)								
Select Medical Corporation P	AC							
Full Name of Individual (Last, First, Middle A. Chernow, David, S, Mr.,	nitial) or Full Organization N	ame	Date of Receipt					
Mailing Address 700 Gladstone Court			12 / D D / Y Y Y Y 22 2023					
City Mechanicsburg	StateZip CodePA17055	9	Transaction ID : A2023-2802133 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		192.25					
Name of Employer (for Individual) Select Medical Corporation	Occupation (for In President	ndividual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼						
Full Name of Individual (Last, First, Middle B. Collins, Michael, E, Mr., Mailing Address 540 Raymond Dr.	nitial) or Full Organization N	ame	Date of Receipt					
City Wast Chaster	State Zip Code PA 19380	9	Transaction ID : A2023-2224584					
West Chester FEC ID number of contributing federal political committee.	PA 19380		Amount of Each Receipt this Period					
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Ir Vice President of		Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	3000.00						
Full Name of Individual (Last, First, Middle C. Cook, Thomas, , ,	nitial) or Full Organization N	ame	Date of Receipt					
Mailing Address 4714 Gettysburg Rd	State Zip Code		07 / D D / Y Y Y Y 07 2023 Transaction ID : A2023-1633287					
Mechanicsburg	PA 17055	5	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		115.39					
Name of Employer (for Individual) Select Medical Corporation	Occupation (for In Executive		Memo Item					
Receipt For:	Aggregate Year-to-Date ▼							

SUBTOTAL of Receipts This Page (optional)			,		y	330	7.64	
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TOTAL This Period (last page this line number only)			 -		 -	 	-	

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Primary

Other (specify)

General

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 OF 299								
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;										
Α.	Full Name of Individual (Last, First, Middle Initia Cook, Thomas, , , Mailing Address 4714 Gettysburg Rd	al) or Full C	Drganization Name	Date of Receipt								
	City	State	Zip Code	07 21 2023 Transaction ID : A2023-1635730								
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1730.85]								
в.	Full Name of Individual (Last, First, Middle Initia Cook, Thomas, , ,	Drganization Name	Date of Receipt									
	Mailing Address 4714 Gettysburg Rd			M M / D D / Y								
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1679338 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.39								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1846.24]								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Cook, Thomas, , ,	al) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 4714 Gettysburg Rd			08 / D D / Y Y Y Y 2023								
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1885014								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1961.63]								
s	UBTOTAL of Receipts This Page (optional)			346.17								

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 63 OF

299

			or each category of the Detailed Summary Page		(11	a		11b		11c		12						
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	y information copied from such Reports and Sta for commercial purposes, other than using the																	
\backslash	NAME OF COMMITTEE (In Full)																	
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A.	Full Name of Individual (Last, First, Middle Initi Cook, Thomas, , , Mailing Address 4714 Gettysburg Rd	al) or Full O	rgar	nization Name		Date		Re	ceipt	D			Ý	Y				
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	Name of Employer (for Individual) Select Medical Corporation			Me	emo	Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2077.02	1													
в.	Full Name of Individual (Last, First, Middle Initi Cook, Thomas, , ,	al) or Full O	rgar	nization Name		Date	e of	Re	ceipt									
	Mailing Address 4714 Gettysburg Rd	09 / 15 / Y Y Y Y 2023																
	City		Tra	insa	acti	on ID): A	2023-2	2037	008								
	Mechanicsburg	PA		17055		Amc	unt	of	Each	Re	eceipt tl	his F	Period					
	FEC ID number of contributing federal political committee.								115.39									
	Name of Employer (for Individual) Select Medical Corporation		upat ecutiv	ion (for Individual) ve	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2192.41														
С.	Full Name of Individual (Last, First, Middle Initi Cook, Thomas, , ,	al) or Full O	rgar	nization Name		Date	e of	Re	ceipt									
	Mailing Address 4714 Gettysburg Rd						9 ^M	/	D 2	29	/ Y		023 [°]	Ŷ				
	City	State		Zip Code		Tra	ansa	acti	ion ID):/	A2023-2	2130	0273					
	Mechanicsburg	PA		17055	_	Amc	unt	of	Each	Re	eceipt t	his F	Period					
	FEC ID number of contributing federal political committee.			Ē			,		,	_	115.3	9						
	Name of Employer (for Individual) Select Medical Corporation		upat cutiv	ion (for Individual) e		Ц	Me	emo	ltem	1								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2307.80														
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	only o	JMBER: ne)	PAGE	64 C	DF 299				
•••			Detailed Summary Page			11b	11c 15	12 16	17				
	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)			person for	the pur	pose of s	soliciting	contribu	utions				
	Select Medical Corporation PA	C											
Α.	Full Name of Individual (Last, First, Middle Ir Cook, Thomas, , , Mailing Address 4714 Gettysburg Rd	nitial) or Full C	Organization Name		e of Re	eceipt		YYY	Ŷ				
					10	13	I L.	2023	_				
	City Mechanicsburg	State PA	Zip Code 17055				A2023-22 eceipt this						
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	Name of Employer (for Individual)		cupation (for Individual)		Mem	o Item							
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2423.19]									
В.	Full Name of Individual (Last, First, Middle In Cook, Thomas, , , Mailing Address 4714 Gettysburg Rd	nitial) or Full C	Organization Name	М	e of Re 10	eceipt 27	/ Y	y 2023	Ŷ				
	City	State PA	Zip Code		Transaction ID : A2023-2353880 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		Memo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2538.58										
C.	Full Name of Individual (Last, First, Middle In Cook, Thomas, , , Mailing Address 4714 Gettysburg Rd	hitial) or Full C	Organization Name	М	e of Re	eceipt	/ *	y y 2023	Y				
	City	State	Zip Code		and a	a second second	A2023-24						
	Mechanicsburg	PA	17055	Am	Amount of Each Receipt this Period								
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SUBTOTAL of Receipts This Page (optional)		9		9	34	6.17]
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)													
	Select Medical Corporation PA	C												
Α.	Full Name of Individual (Last, First, Middle Ini Cook, Thomas, , ,	tial) or Full C	Drganization Name		Date o	of Re	ceipt							
	Mailing Address 4714 Gettysburg Rd			11 24 2023										
	City	State	Zip Code	Transaction ID : A2023-2587547										
	Mechanicsburg	PA	17055					Receipt t						
	FEC ID number of contributing federal political committee.	C					,			115.3	39]		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		N	lemo	Item							
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	Primary General Other (specify) ▼		2769.36	1										
В.	Full Name of Individual (Last, First, Middle Ini Cook, Thomas, , ,	tial) or Full C	Drganization Name		Date o	of Re	ceipt							
	Mailing Address 4714 Gettysburg Rd				^M 12	/	D 08			023	Y			
	City	State	Zip Code					D : A2023-2726382						
	Mechanicsburg	PA	17055		Amoun	nt of	Each I	Receipt this Period						
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		N	lemo	Item							
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Primary General Other (specify) ▼		2884.75	1										
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Cook, Thomas, , ,	tial) or Full C	Drganization Name		Date o	of Re	ceipt							
•	Mailing Address 4714 Gettysburg Rd				12	_	D 22			023	Y			
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)		N	lemo	Item							
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	Primary General Other (specify)	9 Year-to-Date ▼ 3000.00]											

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 66 OF

	,	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	g the name and a		berson for the purpose of soliciting contributions be to solicit contributions from such committee.
	FAC		
Full Name of Individual (Last, First, Midd A. Davisson, Katherine, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 25 Cantral Park W Apt 14R			11 28 2023
City New York	State NY	Zip Code 10023	Transaction ID : A2023-2552056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) rd of Directors	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]
Full Name of Individual (Last, First, Midd B. Deemer, Miriam, R, Mrs.,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 285 Merriweather Rd			07 07 2023
City	State MI	Zip Code	Transaction ID : A2023-1633276
Grosse Pointe Farms		48236-3428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.34]
Full Name of Individual (Last, First, Midd C. Deemer, Miriam, R, Mrs.,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 285 Merriweather Rd			07 / 21 / Y Y Y Y 2023
City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2023-1635719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.65]
SUBTOTAL of Receipts This Page (optional	al)		5384.62
TOTAL This Period (last page this line nur	nber only)		

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SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 OF 2 (check only one) 11a 11b 11c 12 13 14 15 16 16
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Select Medical Corporation	PAC		
Full Name of Individual (Last, First, Midd Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	le Initial) or Full C	Organization Name	Date of Receipt
City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2023-1679327 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3076.96	
Full Name of Individual (Last. First. Midd	le Initial) or Full C	Proanization Name	

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Β.	B. Deemer, Miriam, R, Mrs.,			Date of Receipt
	Mailing Address 285 Merriweather Rd	08 18 2023		
	City	State	Zip Code	Transaction ID : A2023-1885003
	Grosse Pointe Farms	MI	48236-3428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		tion (for Individual) resident	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3269.27	
с.	Full Name of Individual (Last, First, Middle Initi Deemer, Miriam, R, Mrs.,	al) or Full Orga	nization Name	Date of Receipt
	Mailing Address 285 Merriweather Rd	State	Zip Code	09 / 01 / 2023 Transaction ID : A2023-1924778
	Grosse Pointe Farms	MI	48236-3428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation	Occupa Vice Pre	tion (for Individual) esident	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 3461.58	
	UBTOTAL of Receipts This Page (optional)			576.93

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

299

Image# 202401309600608506			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 OF 299 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ne name and a		
Full Name of Individual (Last, First, Middle In A. Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	nitial) or Full C	Organization Name	Date of Receipt
City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2023-2036997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	e President Year-to-Date ▼ 3653.89	Memo Item
Full Name of Individual (Last, First, Middle In B. Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	nitial) or Full C	Organization Name	Date of Receipt
City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2023-2130262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	cupation (for Individual) e President Year-to-Date ▼ 3846.20	Memo Item
Full Name of Individual (Last, First, Middle In Deemer, Miriam, R, Mrs., Mailing Address 285 Merriweather Rd	nitial) or Full C	Organization Name	Date of Receipt
City Grosse Pointe Farms FEC ID number of contributing federal political committee.	State MI	Zip Code 48236-3428	Transaction ID : A2023-2294524 Amount of Each Receipt this Period 192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Vice	upation (for Individual) e President Year-to-Date ▼	Memo Item

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Primary

Other (specify)

General

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 69 OF

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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Grosse Pointe Farms FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Pageint For:	or Full Organization Name State Zip Code MI 48236-3428 C Occupation (for Individual) Vice President Vice President ggregate Year-to-Date ▼ 4615.44	Date of Receipt
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NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC		
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Mailing Address 285 Merriweather Rd			12 08 2023
City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2023-2726371 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.75]
Full Name of Individual (Last, First, Middle B. Deemer, Miriam, R, Mrs.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 285 Merriweather Rd			12 22 2023
City Grosse Pointe Farms	State MI	Zip Code 48236-3428	Transaction ID : A2023-2802136
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name of Individual (Last, First, Middle C. Dehoff, James, L, Jr., Jr.	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1317 Abington Way			07 / ¹ 2023
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1633238 Amount of Each Receipt this Period
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Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 OF (check only one)
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)		

Full Name of Individual (Last, First, Middl A. Dehoff, James, L, Jr., Jr.	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 1317 Abington Way	0	Zie Oo de	07 / ^D D / ^Y Y Y Y 21 2023
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1635681
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) or Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.65	
Full Name of Individual (Last, First, Middl Dehoff, James, L, Jr., Jr. Mailing Address 1317 Abington Way	e Initial) or Full Or	ganization Name	Date of Receipt
			08 04 2023
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1679289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) or Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3076.96	
Full Name of Individual (Last, First, Middl C. Dehoff, James, L, Jr., Jr.	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 1317 Abington Way			08 / D D / Y Y Y Y Y 2023
City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1884965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) or Vice President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3269.27	
SUBTOTAL of Receipts This Page (optional		•	576.93
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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PAGE 72 OF

				Detailed Summary Page		11			11 14	1b 4	1	1c	_	12 16	1	7				
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A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dehoff, James, L, Jr., Jr.						Date of Receipt													
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PAGE 73 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		111	b	11c		12				
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В.	Full Name of Individual (Last, First, Middle Initia Dehoff, James, L, Jr., Jr.	al) or Full O	rganization Name		Date of	of Re	ecei	pt							
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PAGE 74 OF

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	Mailing Address 202 Downing Pl Suite 1050														
	City			Transaction ID : A2023-1633274											
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PAGE 76 OF

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PAGE 77 OF

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 78 OF

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 79 OF

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C.	Full Name of Individual (Last, First, Middle Initial Ely, James, S, , III Mailing Address 117 Saint Pierre Way City Jupiter FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State FL	upatic	Zip Code 33458 on (for Individual)		 T	ount	/ acti	ion	28 ID : /	/ Y A2023-2 eceipt th	20 2552(his P		
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	Mailing Address 4714 Gettysburg Rd			08 18 2023
	City	State	Zip Code	Transaction ID : A2023-1884994
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	City	State	Zip Code	Transaction ID : A2023-1924769
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	Mailing Address 4714 Gettysburg Rd			M M / D D / Y Y Y Y 09 15 2023
	City	State	Zip Code	Transaction ID : A2023-2036987
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 83 OF

299

	EMIZED RECEIPTS		Detailed Summary Page	
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	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2465179 Amount of Each Receipt this Period
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	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2587526 Amount of Each Receipt this Period
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C.	Full Name of Individual (Last, First, Middle Initial) Evans, Alan, , ,) or Full O	organization Name	Date of Receipt
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 85 OF

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PAGE 86 OF

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PAGE 87 OF

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	Mailing Address 3903 West Sailboat Drive				10 / 13 / 2023 Transaction ID : A2023-2294513												
	City	State FL	Z	p Code		Trar	sact	tio	n ID	: A	2023-2	2294	513				
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В.	Full Name of Individual (Last, First, Middle Initi Gasse, Suzanne, D, Ms.,	al) or Full O	rganiz	ation Name		Date	of Re	ece	eipt								
	Mailing Address 3903 West Sailboat Drive					^M 10	M /	/	D 27		/ Y)23	Y			
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	Pembroke Pines	FL		33026		Amou	nt of	Ε	ach I	Red	ceipt th	nis F	Period				
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	Mailing Address 3903 West Sailboat Drive					^M 11		/	D 10		/ Y		023	Y			
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	Pembroke Pines	FL		33026	_	Amou	nt of	Ε	ach I	Red	ceipt th	nis F	Period				
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SCHEDULE A	(FEC Form 3X)
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PAGE 88 OF

11	EMIZED RECEIPTS			or each category of the Detailed Summary Page	2	< 11a		11	lb	11c	12	
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\backslash	NAME OF COMMITTEE (In Full)											
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Α.	Full Name of Individual (Last, First, Middle Initi Gasse, Suzanne, D, Ms.,	al) or Full O	rgar	nization Name		Date	of R	lecei	ipt			
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	Other (specify) ▼	L	-	2769.36								
В.	Full Name of Individual (Last, First, Middle Initi Gasse, Suzanne, D, Ms.,	al) or Full O	Orgar	nization Name		Date	of R	Recei	ipt			
	Mailing Address 3903 West Sailboat Drive					M 12	VI	/	D D D 08	/ Y	y y 2023	Y
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	Pembroke Pines	FL		33026							nis Perio	d
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	Mailing Address 3903 West Sailboat Drive					12		/	22	/ Y	y y 2023	Y
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NAME OF COMMITTEE (In Full)	he name and a									
Full Name of Individual (Last, First, Middle Godley, Karen, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Initial) or Full C	Zip Code 17055 upation (for Individual) cutive Year-to-Date ▼ 1615.46		mount	of	ion	14 1 D : A ach Red		632	-
Full Name of Individual (Last, First, Middle I Godley, Karen, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Occ Exe	Zip Code 17055 upation (for Individual) ecutive Year-to-Date ▼ 1730.85		mount	of	ion	28 1 D : A ach Re		6549	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Godley, Karen, , ,

Mailing Address 4714 Gettysburg Rd			08 11 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1764936 Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occupa Execut Aggregate Ye		Memo Item
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FEC Schedule A (Form 3X) Rev. 06/2016

Date of Receipt

299

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 OF 299 (check only one)
				person for the purpose of soliciting contributions te to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA			
Α.	Full Name of Individual (Last, First, Middle In Godley, Karen, , ,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd	01-1-	The Orde	08 / 25 / Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1903184 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Select Medical Corporation Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1961.63]
В.	Full Name of Individual (Last, First, Middle In Godley, Karen, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee.	State PA C	Zip Code 17055	Date of Receipt
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	vupation (for Individual) ecutive Year-to-Date ▼ 2077.02	Memo Item
C.	Full Name of Individual (Last, First, Middle In Godley, Karen, , , Mailing Address 4714 Gettysburg Rd	itial) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : A2023-2121682
	Mechanicsburg FEC ID number of contributing federal political committee.	C	17055	Amount of Each Receipt this Period
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2192.41	

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Full Name of Individual (Last, First, Middle A. Godley, Karen, , , Mailing Address 4714 Gettysburg Rd		Drganization Name	Date of R	Receipt / 06 / Y Y Y Y 06 2023
City Mechanicsburg	State PA	Zip Code 17055		tion ID : A2023-2223670 f Each Receipt this Period
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C. Full Name of Individual (Last, First, Middle Godley, Karen, , , Mailing Address 4714 Gettysburg Rd	Initial) or Full C	Drganization Name	Date of R	Receipt
City Mechanicsburg	State PA	Zip Code 17055	Transac	tion ID : A2023-2379816 f Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Mem	no Item
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	Select Medical Corporation PAC	2				
Α.	Full Name of Individual (Last, First, Middle Init Godley, Karen, , ,	ial) or Full C	organization Name	Date of Receipt		
Λ.	Mailing Address 4714 Gettysburg Rd			M M / D D / Y Y Y Y Y		
				11 17 2023		
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2519612		
			17055	Amount of Each Receipt this Period		
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	Primary General	33 - 3		1		
	Other (specify) v		2653.97			
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	organization Name			
в.	Godley, Karen, , ,			Date of Receipt		
	Mailing Address 4714 Gettysburg Rd	1-		12 01 / Y Y Y Y 2023		
	City	State	Zip Code	Transaction ID : A2023-2601816		
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period		
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	Primary General		2769.36	1		
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C.	Full Name of Individual (Last, First, Middle Init Godley, Karen, , ,	ial) or Full C	organization Name	Date of Receipt		
-	Mailing Address 4714 Gettysburg Rd			12 15 2023		
	City	State	Zip Code	Transaction ID : A2023-2802090		
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		115.39		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 93 OF

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NAME OF COMMITTEE (In	Full)																
Select Medical Co	poration PAC																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hammerman, Samuel, I, Doctor, I.			Date of Receipt													
	Mailing Address 6 Windy Drive					07 / D D / Y Y Y Y 2023											
City	State						Transaction ID : A2023-1633279										
Shavertown		18708	_ /	Amoun	t of	Each F	Receipt th	nis Perioo	b								
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Full Name of Individual (Las B. Hammerman, Samuel,	st, First, Middle Initial) or Full O I, Doctor, I.	rganization Name		Date of	f Re	eceipt											
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PAGE 94 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12						
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$\left \right\rangle$	Select Medical Corporation PA	C													
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hammerman, Samuel, I, Doctor, I.				Date of Receipt										
	Mailing Address 6 Windy Drive					08 / D D / Y Y Y Y 2023									
	City	State PA	Transaction ID : A2023-1885006												
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	Primary General Other (specify) ▼														
В.	Full Name of Individual (Last, First, Middle Ini Hammerman, Samuel, I, Doctor, I.	tial) or Full O	rganization Name		Date o	f Re	ceipt								
	Mailing Address 6 Windy Drive					09 01 2023									
	City	State	Zip Code	Transaction ID : A2023-1924781											
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ef Medical Officer		M	emc	Item								
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	Mailing Address 6 Windy Drive				09 15 2023										
	City	State	Zip Code		Tran	sact	ion ID	: A2023-2	037000						
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SCHEDULE A	(FEC Form 3X)
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PAGE 95 OF

299

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Select Medical Corporation PA	.C	
Full Name of Individual (Last, First, Middle In A. Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive City Shavertown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Name State Zip Code PA 18708 C Occupation (for Individual) Chief Medical Officer Aggregate Year-to-Date ▼ 3846.20	Date of Receipt 09 29 2023 Transaction ID : A2023-2130265 Amount of Each Receipt this Period 192.31 Memo Item
Full Name of Individual (Last, First, Middle In Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive City Shavertown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code PA 18708 C Occupation (for Individual) Chief Medical Officer Aggregate Year-to-Date ▼ 4038.51	Date of Receipt Tansaction ID : A2023-2294527 Amount of Each Receipt this Period 192.31 Memo Item
Full Name of Individual (Last, First, Middle In Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive City Shavertown FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State Zip Code PA 18708 C Occupation (for Individual) Chief Medical Officer Aggregate Year-to-Date ▼	Date of Receipt 10 / 27 / 2023 Transaction ID : A2023-2353872 Amount of Each Receipt this Period 192.31 Memo Item
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SCHEDULE A	(FEC Form	3X)
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PAGE 96 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and State for commercial purposes, other than using the na											
\rangle	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initial) Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive	or Full Or	ganization Name	Date of Receipt								
	City Shavertown	State PA	Zip Code 18708	11 10 2023 Transaction ID : A2023-2465132								
		C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Chie	pation (for Individual) f Medical Officer Year-to-Date ▼ 4423.13	Memo Item								
в.	Full Name of Individual (Last, First, Middle Initial) Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive	or Full Or	ganization Name	Date of Receipt								
	City Shavertown	State PA	Zip Code 18708	11 24 2023 Transaction ID : A2023-2587539 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) f Medical Officer	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4615.44									
C.	Full Name of Individual (Last, First, Middle Initial) Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive	or Full Or	ganization Name	Date of Receipt								
	City	State	Zip Code	12 08 2023 Transaction ID : A2023-2726374								
	Shavertown FEC ID number of contributing	PA	18708	Amount of Each Receipt this Period								
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PAGE 97 OF

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		_	11a		11	·	11c		12		
	y information copied from such Reports and State for commercial purposes, other than using the na					fo				se of					
\rangle	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initial Hammerman, Samuel, I, Doctor, I. Mailing Address 6 Windy Drive) or Full O)rga	nization Name			ate of	f Re		D D	D /		Ý	Ŷ	
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	Full Name of Individual (Last, First, Middle Initial Hedeman, Robin, , Ms.,) or Full O)rga	nization Name		D	ate of	f Re	ecei	pt					
	Mailing Address 15 W Main St PO 194	State		Zip Code		L	07 -] ′	L	07		2)23 025	Y	
	Brookside NJ			07926							A2023 Receipt				
	FEC ID number of contributing federal political committee.	С			19.24										
	Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President					emc	o Ite						
	Receipt For: Primary General Other (specify) ▼	Aggregate	gregate Year-to-Date ▼ 269.36												
C.	Full Name of Individual (Last, First, Middle Initial Hedeman, Robin, , Ms.,) or Full O)rga	nization Name		D	ate of	f Re	ecei	pt					
	Mailing Address 15 W Main St PO 194	1				Ľ	07	1	Г	21			023 [°]	Y	
	City Brookside	State NJ		Zip Code 07926							A2023 Receipt		-		
	FEC ID number of contributing federal political committee.	С				ļ	_		y	_	, ,		19.	24	
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or for commercial purposes, other than using	the name and a	ddress of any political committe	e to solicit co	ntributions fro	om such	commi	ittee.			
NAME OF COMMITTEE (In Full)										
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Mailing Address 15 W Main St PO 194				f Receipt		VV	V			
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Name of Employer (for Individual)		upation (for Individual)	M	emo Item						
Select Medical Corporation Receipt For:		e President								
Primary General	Aggregate	Year-to-Date ▼								
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Full Name of Individual (Last, First, Middle Hedeman, Robin, , Ms.,	Initial) or Full C	organization Name	Date of	f Receipt						
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Hedeman, Robin, , Ms.,			Date of	f Receipt						
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Brookside	NJ	07926	Amoun	t of Each Re	ceipt this	s Perio	d			

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Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ 346.32	Memo Item
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299

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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PAGE 99 OF

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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.56												
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X 11a 11b 11c 12 14 13 15 16 17 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 of Individual (Last, First, Middle Initial) or Full Organization Name Hollenbach, John, T, Mr., Date of Receipt Α. Mailing Address 3607 Weymouth Drive 2023 07 07 City State Zip Code Transaction ID : A2023-1633278 PA 17050 Mechanicsburg Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2692.34 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hollenbach, John, T, Mr., Date of Receipt Mailing Address 3607 Weymouth Drive 07 21 2023 City State Zip Code Transaction ID : A2023-1635721 Mechanicsburg PA 17050 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primarv General 2884.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hollenbach, John, T, Mr., С. Date of Receipt Mailing Address 3607 Weymouth Drive М 04 2023 08 City State Zip Code Transaction ID : A2023-1679329 PA Mechanicsburg 17050 Amount of Each Receipt this Period FEC ID number of contributing С 192.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 3076.96 Other (specify) 576.93 SUBTOTAL of Receipts This Page (optional).....

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City	State	Zip Code	Transaction ID : A2023-1885005
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Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Select Medical Corporation	Vice F	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3269.27	
Full Name of Individual (Last, First, Middle Hollenbach, John, T, Mr.,	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 3607 Weymouth Drive			09 01 2023
City	State	Zip Code	Transaction ID : A2023-1924780
Mechanicsburg	PA	17050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Select Medical Corporation		President	-
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3461.58	
Full Name of Individual (Last, First, Middle Hollenbach, John, T, Mr.,	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 3607 Weymouth Drive			09 15 2023
City	State	Zip Code	Transaction ID : A2023-2036999

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FEC ID number of contributing federal political committee.	C	192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ 3653.89	Memo Item
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Α.	Full Name of Individual (Last, First, Middle In Hollenbach, John, T, Mr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3607 Weymouth Drive	State	Zip Code	09 / 29 / 2023 Transaction ID : A2023-2130264
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	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3846.20]
В.	Full Name of Individual (Last, First, Middle In Hollenbach, John, T, Mr., Mailing Address 3607 Weymouth Drive	itial) or Full O	rganization Name	Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-2294526 Amount of Each Receipt this Period
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4038.51]
C.	Full Name of Individual (Last, First, Middle In Hollenbach, John, T, Mr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3607 Weymouth Drive			10 / 27 / Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-2353871
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SCHEDULE A	(FEC Form 3X)
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PAGE 103 OF

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			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
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Mailing Address 3607 Weymouth Drive			11 / 24 / 2023								
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Mailing Address 3607 Weymouth Drive			12 08 2023								
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PAGE 104 OF

299

		Detailed Summary Page		11a	11b	11c	12								
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PAGE 105 OF

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 OF 2 (check only one) 11a 11a 11b 13 14
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SCHEDULE A	(FEC Form 3X)
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PAGE 107 OF

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PAGE 109 OF

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NAME OF COMMITTEE (In Full) Select Medical Corporation PAC															
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd. City State								f Re	C	04		/	20)23	Y
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PAGE 110 OF

299

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(City	State	Zip Code	Transaction ID : A2023-1924774										
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-	Mailing Address 740 Parkins Mill Rd.				09		15	/ Y)23	Y			
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1	Mailing Address 740 Parkins Mill Rd.				^M 09	/	29	/ Y)23	Y			
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SCHEDULE A	(FEC Form 3X)
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PAGE 111 OF

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Mailing Address 740 Parkins Mill Rd.				10 / 13 / 2023 Transaction ID : A2023-2294520											
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
NAME OF COMMITTEE (In Full)) the name and ad	ddress of any political committe	person for the purpose of soliciting contribution e to solicit contributions from such committee
Full Name of Individual (Last, First, Middle James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	State	Zip Code	Date of Receipt
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Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	pation (for Individual) President Year-to-Date ▼ 2769.36	Memo Item
Full Name of Individual (Last, First, Middle James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	e Initial) or Full Or	rganization Name	Date of Receipt
City Greenville FEC ID number of contributing federal political committee.	State SC	Zip Code 29607	Transaction ID : A2023-2726367 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) President Year-to-Date ▼ 2884.75	Memo Item
Full Name of Individual (Last, First, Middle James, Stephanie, R, Ms., Mailing Address 740 Parkins Mill Rd.	e Initial) or Full Or	rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : A2023-2802132

2023 -2802132 City Coc Slale SC Greenville 29607 Amount of Each Receipt this Period FEC ID number of contributing С 115.25 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 346.03 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1.000

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 113 OF

ITEMIZED RECEIPTS				for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12		,
Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee									soliciting	g contril	butions	_
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC											
Α.	Full Name of Individual (Last, First, Middle Initial) Keim, Jennifer, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	upat	Zip Code 17055 tion (for Individual)		Amoun	acti t of	14 ion ID :	A2023-1 Receipt th	is Peri			
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Full Name of Individual (Last, First, Middle A. Keim, Jennifer, , ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			08 25 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1903183 Amount of Each Receipt this Period
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City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2037015 Amount of Each Receipt this Period
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Full Name of Individual (Last, First, Middle C. Keim, Jennifer, , ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			09 / 22 / 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2121681 Amount of Each Receipt this Period
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Executive

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Select Medical Corporation

Other (specify)

General

Receipt For:

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Select Medical Corporation PA	C								
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Mailing Address 4714 Gettysburg Rd		10 / D D / Y Y Y Y 10 06 / 2023							
City Mechanicsburg	StateZip CodePA17055	Transaction ID : A2023-2223669 Amount of Each Receipt this Period							
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Primary

Other (specify)

General

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A .	Full Name of Individual (Last, First, Middle Ini Keim, Jennifer, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			11 / D D / Y Y Y Y 11 17 2023
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2519611 Amount of Each Receipt this Period
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2653.97]
В.	Full Name of Individual (Last, First, Middle Ini Keim, Jennifer, , , Mailing Address 4714 Gettysburg Rd	tial) or Full O	rganization Name	Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17055	12 01 2023 Transaction ID : A2023-2601815 Amount of Each Receipt this Period
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	Mailing Address 4714 Gettysburg Rd	State	Zip Code	12 / 15 / 2023 Transaction ID : A2023-2802089
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PAGE 117 OF

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SCHEDULE A	(FEC Form	3X)
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PAGE 118 OF

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	Mailing Address 13 Hopper Dr.				08 / 18 / 2023										
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	City	State	Zip Code		Trans	sact	ion ID :	A2023-1	92477	7	_				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2076.84												
с.	Full Name of Individual (Last, First, Middle Initi Keith, Christopher, D, ,	al) or Full C	Organization Name		Date c	of Re	eceipt								
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	City Goddard	State KS	Zip Code 67052				t ion ID : Each R			-					
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SCHEDULE A	(FEC Form 3X)
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PAGE 119 OF

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Full Name of Individual (Last, First, Middl A. Keith, Christopher, D, , Mailing Address 13 Hopper Dr. City Goddard FEC ID number of contributing federal political committee. Name of Employer (for Individual)	e Initial) or Full Organization Name State Zip Code KS 67052 Occupation (for Individual)	Date of Receipt 09 29 2023 Transaction ID : A2023-2130261 Amount of Each Receipt this Period 115.38 Memo Item												
Select Medical Corporation	Administrator	-												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60													
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B. Keith, Christopher, D, , Mailing Address 13 Hopper Dr.		Date of Receipt												
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Goddard	KS 67052	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	115.38												
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98													
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Mailing Address 13 Hopper Dr.		10 / Y Y Y Y 2023												
City Goddard	State Zip Code KS 67052	Transaction ID : A2023-2353868												
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Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item												
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2538.36													
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PAGE 120 OF

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<u>\</u>	NAME OF COMMITTEE (In Full)										22.01							
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A.	Full Name of Individual (Last, First, Middle Initial) Keith, Christopher, D, ,	or Full O	Irgai	nization Name		Da	te of	Re	ceipt									
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	FEC ID number of contributing federal political committee.	С	_			[-	_	115.3	8				
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) strator	Memo Item													
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	Mailing Address 13 Hopper Dr.		11 / D D / Y Y Y 2023															
	City Goddard	State KS		Zip Code 67052	Transaction ID : A2023-2587535 Amount of Each Receipt this Period													
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	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator						Memo Item										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2769.12]													
с.	Full Name of Individual (Last, First, Middle Initial) Keith, Christopher, D, ,	or Full O	Irgai	nization Name		Da	te of	Re	ceipt									
	Mailing Address 13 Hopper Dr.					M	12 ^M	/	D 0		/ Y)23 [°]	Y				
	City Goddard	State KS		Zip Code 67052					-		2023-2							
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	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) trator		Memo Item												
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SCHEDULE A	(FEC	Form	3X)
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PAGE 121 OF

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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2999.88										
В.	Full Name of Individual (Last, First, Middle Initi Key, David, F, Mr.,	al) or Full O	rga	nization Name		Date o	f Re	eceipt						
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	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) Vice President		М	lemo	tem						
	Receipt For:	Aggregate	Yea	ar-to-Date ▼ 2692.34										
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Α.	Full Name of Individual (Last, First, Middle Init Key, David, F, Mr.,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1750 Eliza Way			08 04 / Y Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1679306 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3076.96	
В.	Full Name of Individual (Last, First, Middle Init Key, David, F, Mr.,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1750 Eliza Way			08 / D D / Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1884982 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nor Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3269.27	
C.	Full Name of Individual (Last, First, Middle Init Key, David, F, Mr.,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1750 Eliza Way			09 / 01 / Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17050	Transaction ID : A2023-1924757 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3461.58	

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PAGE 123 OF

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	Mailing Address 1750 Eliza Way			09 15 2023 Transaction ID : A2023-2036975										
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	Primary General Other (specify) ▼		3653.89											
В.	Full Name of Individual (Last, First, Middle In Key, David, F, Mr.,		Date of	of Re	eceipt									
	Mailing Address 1750 Eliza Way		M M / D D / Y Y Y Y 09 29 2023											
	City	State	Zip Code		Tran	sact	ion ID	: A202	<u>3-213</u>	0240				
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.20											
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PAGE 124 OF

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А.	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	al) or Full C	Drga	nization Name		Date of Receipt								
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	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) Vice President			Mem	o Item						
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— R	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	al) or Full C	Drga	nization Name		Date	of B	eceipt						
	Mailing Address 1750 Eliza Way					11	M	/ D 1(2023	Y		
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с.	Full Name of Individual (Last, First, Middle Initia Key, David, F, Mr.,	al) or Full C	Drga	nization Name		Date	of R	eceipt						
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NAME OF COMMITTEE (In Full)		

Select Medical Cor	poration PAC
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Α.	Full Name of Individual (Last, First, Middle I Key, David, F, Mr.,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1750 Eliza Way			12 08 2023
	City	State	Zip Code	Transaction ID : A2023-2726350
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.31
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Select Medical Corporation	Seni	or Vice President	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.75	
в.	Full Name of Individual (Last, First, Middle I Key, David, F, Mr.,	nitial) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 1750 Eliza Way			M M / D D / Y Y Y Y 12 22 2023
	City	State	Zip Code	Transaction ID : A2023-2802115
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.25
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
c.	Full Name of Individual (Last, First, Middle I Khanuja, Parvinderjit, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 8110 N. Mohawk Road			11 28 2023
	City	State	Zip Code	Transaction ID : A2023-2552058
	Paradise	AZ	85253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) d of Directors	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
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SCHEDULE A	(FEC Form 3X)
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PAGE 126 OF

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Α.	Full Name of Individual (Last, First, Middle Initi Kido, Robert, S, , Jr.	al) or Full O	rganization Name		Date of Receipt									
	Mailing Address 1205 E Powderhorn Rd Suite 1050				07		D 07	7	ү ү 2023	Y				
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	Primary General Other (specify) ▼		1615.46											
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kido, Robert, S, , Jr.						eceipt							
	Mailing Address 1205 E Powderhorn Rd Suite 1050				07 21 2023									
	City	State	Zip Code		Transaction ID : A2023-1635727									
	Mechanicsburg	PA	17050-2011		Amount of Each Receipt this Period									
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	Mailing Address 1205 E Powderhorn Rd Suite 1050				08	/	D 04		2023	Y				
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	Name of Employer (for Individual)	Осси	upation (for Individual)		Memo Item									
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PAGE 127 OF

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PAGE 128 OF

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Α.	Full Name of Individual (Last, First, Middle Initial) Kido, Robert, S, , Jr. Mailing Address 1205 E Powderhorn Rd Suite 1050 City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occc Dire	upat	ization Name Zip Code 17050-2011 ion (for Individual) of Finance - LTACH ur-to-Date ▼ 2307.80		Amoun	saction t of I	29 on ID :	/ Y A2023-2 eccipt th	2023 130270 is Perioc 115	
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C.	Full Name of Individual (Last, First, Middle Initial) Kido, Robert, S, , Jr. Mailing Address 1205 E Powderhorn Rd Suite 1050 City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C	upat	Tization Name Zip Code 17050-2011 ion (for Individual) of Finance - LTACH ir-to-Date ▼ 2538.58		Amoun	saction t of I	27 on ID :	A2023-2	2023 353877 is Perioc 115	
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SCHEDULE A	(FEC Form 3X)
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PAGE 129 OF

ITEMIZED RECEIPTS				r each category of the etailed Summary Page	11a		11	-	11c 15	12	17		
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A .	Full Name of Individual (Last, First, Middle Initial) Kido, Robert, S, , Jr. Mailing Address 1205 E Powderhorn Rd Suite 1050 City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	State PA C	upatic ctor c	Zip Code 17050-2011 on (for Individual) of Finance - LTACH	Amour	sact	tion Ead	10 10 ID : A		2023 465137 is Perio 115	d		
В.	Full Name of Individual (Last, First, Middle Initial) Kido, Robert, S, , Jr. Mailing Address 1205 E Powderhorn Rd Suite 1050 City	or Full Or State PA		Zip Code	Date of Receipt 11 24 2023 Transaction ID : A2023-2587544								
	Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	ctor o	17050-2011 Don (for Individual) of Finance - LTACH -to-Date ▼ 2769.36		Iemc	-		eipt th	is Perio	d .39			
C.	Name of Employer (for Individual) Select Medical Corporation	State PA C Occu Direc	upatic ctor o	zation Name Zip Code 17050-2011 on (for Individual) of Finance - LTACH -to-Date ▼ 2884.75	Amour	sact	tion Ead	08 1 D : A		2023 726379 is Perior 115	d		
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SCHEDULE A	(FEC Form 3X)
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Full Name of Individual (Last, First, Middle Kido, Robert, S, , Jr. Mailing Address 1205 E Powderhorn Rd Suite 1050 City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Dire	Zip Code 17050-2011 upation (for Individual) ector of Finance - LTACH Year-to-Date ▼ 3000.00	Date of Receipt 12 / 22 / 2023 Transaction ID : A2023-2802144 Amount of Each Receipt this Period 115.25 Memo Item					
 Full Name of Individual (Last, First, Middle Kirshblum, Steven, , , Mailing Address 71 Woodland Ave 		- -	Date of Receipt					
City West Orange FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State NJ Occ	Zip Code 07052	Transaction ID : A2023-2301937 Amount of Each Receipt this Period 3000.00 Memo Item					
Select Medical Corporation Receipt For: Primary General Other (specify) ▼		ef Medical Officer Year-to-Date ▼ 3000.00]					
Full Name of Individual (Last, First, Middle Kurmakov, Aleksey, N, Mr., Mailing Address 2409 W Bayberry Dr		-	Date of Receipt					
City Harrisburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Sen	Zip Code 17112-1040 upation (for Individual) ior Vice President Year-to-Date ▼ 2153.90	Transaction ID : A2023-1633241 Amount of Each Receipt this Period 192.31 Memo Item					
SUBTOTAL of Receipts This Page (optional).			3307.56					
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PAGE 130 OF

299

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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PAGE 131 OF

299

ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page				(check only one)															
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	ny information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	solicitin	g con	ntributi	ions								
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	Mailing Address 2409 W Bayberry Dr	-						07 / D D / Y Y Y Y 21 2023											
	City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2023-1635684 Amount of Each Receipt this Period															
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В.	Full Name of Individual (Last, First, Middle Initi Kurmakov, Aleksey, N, Mr.,	ial) or Full O	Organization Name		Date of	Re	ceipt												
	Mailing Address 2409 W Bayberry Dr						08 04 2023												
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2538.52																
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 132 OF

299

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

SCHEDULE A	(FEC Form 3X)
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PAGE 133 OF

299

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

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PAGE 134 OF

299

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

SCHEDULE A	(FEC Form 3X)
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PAGE 135 OF

	EMIZED RECEIPTS			or each catego Detailed Summa			-		11b	110	; [12		
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SCHEDULE A	(FEC Form 3X)
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PAGE 136 OF

299

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SCHEDULE A	(FEC Form 3X)
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PAGE 137 OF

299

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SCHEDULE A	(FEC Form 3X)
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PAGE 138 OF

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PAGE 139 OF

299

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PAGE 140 OF

299

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Α.	Full Name of Individual (Last, First, Middle Initial Lindley, Lauren, B, Ms., Mailing Address 36 Indian Bayou Drive	l) or Full C	Organization Name	Date of Receipt
	City Destin	State FL	Zip Code 32541	Transaction ID : A2023-1679316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	cupation (for Individual) ce President of Operations e Year-to-Date ▼ 1846.24	Memo Item
	Full Name of Individual (Last, First, Middle Initial Lindley, Lauren, B, Ms., Mailing Address 36 Indian Bayou Drive	l) or Full C	Organization Name	Date of Receipt
	City Destin	State FL	Zip Code 32541	08 18 2023 Transaction ID : A2023-1884992 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Vice	cupation (for Individual) ce President of Operations e Year-to-Date ▼	Memo Item
C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial Lindley, Lauren, B, Ms., Mailing Address 36 Indian Bayou Drive	I) or Full C	Organization Name	Date of Receipt
	City Destin FEC ID number of contributing	State FL	Zip Code 32541	09 01 2023 Transaction ID : A2023-1924767 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President of Operations	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2077.02	
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SCHEDULE A	(FEC Form 3X)
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PAGE 141 OF

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	Mailing Address 36 Indian Bayou Drive			1		[™] 09	M	/ D 1			2023	Y		
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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 142 OF (check only one)											
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	Mailing Address 36 Indian Bayou Drive				M M / D D / Y Y Y Y 11 24 2023
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PAGE 142 OF 299

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SCHEDULE A	(FEC Form 3X)
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PAGE 143 OF

299

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	Mailing Address 36 Indian Bayou Drive					[™]	_™ 2	1	22	2	/ Y)23 	Y						
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	City Schwenksville	State PA		Zip Code 19473							2023-1 ceipt th									
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SCHEDULE A	(FEC Form 3X)	
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PAGE 144 OF

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NAME OF COMMITTEE (In Full)		
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5	State Zip Code PA 19473	Date of Receipt
Other (specify) ▼	Senior Vice President ggregate Year-to-Date ▼ 2884.65]
Schwenksville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19473 Occupation (for Individual) Senior Vice President ogregate Year-to-Date ▼ 3076.96	Date of Receipt
Schwenksville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	State Zip Code PA 19473	Date of Receipt 08 Transaction ID : A2023-1884974 Amount of Each Receipt this Period 192.31 Memo Item
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SCHEDULE A	(FEC Form	3X)
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PAGE 145 OF

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 OF 299 (check only one)							
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	he name and address of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.							
Full Name of Individual (Last, First, Middle I A. Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	nitial) or Full Organization Name	Date of Receipt							
City Schwenksville	StateZip CodePA19473	10 13 2023 Transaction ID : A2023-2294554 Amount of Each Receipt this Period							
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Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Senior Vice President Aggregate Year-to-Date ▼ 4038.51	Memo Item							
Full Name of Individual (Last, First, Middle I B. Malatesta, Michael, F, Mr., Mailing Address 4145 Serenity Street	nitial) or Full Organization Name	Date of Receipt							
City	State Zip Code PA 19473	Transaction ID : A2023-2353840							
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Name of Employer (for Individual) Select Medical Corporation Receipt For:	Occupation (for Individual) Senior Vice President	Memo Item							
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.82								
Full Name of Individual (Last, First, Middle I C. Malatesta, Michael, F, Mr.,	nitial) or Full Organization Name	Date of Receipt							
Mailing Address 4145 Serenity Street	State Zip Code	Date of Hiddept 11 10 2023 Transaction ID : A2023-2465160							
Schwenksville	PA 19473	Amount of Each Receipt this Period							
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SCHEDULE A (FEC Form 3X)	
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PAGE 147 OF

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	Mailing Address 8 Upton Way	1		I		10 17 2023 Transaction ID : A2023-2301935												
	City Sewell	State NJ		Zip Code 08080							2023-2 ceipt th							
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	Mailing Address 4966 Cline Hollow Road				07 07 2023													
	City Export	State PA		Zip Code 15632		Transaction ID : A2023-1633243 Amount of Each Receipt this Period												
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	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individ Vice President	lual)	Memo Item												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 OF PAGE 149 OF
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Select Medical Corporation PA	C		
Full Name of Individual (Last, First, Middle Ini A. Marshall, Christopher, L, Mr.,	tial) or Full O	rganization Name	Date of Receipt
Mailing Address 4966 Cline Hollow Road	State	Zip Code	M M / D D / Y

	Select Medical Corporation PA			
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	Mailing Address 4966 Cline Hollow Road			08 04 2023
	City	State	Zip Code	Transaction ID : A2023-1679294
	Export	PA	15632	Amount of Each Receipt this Period
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	Name of Employer (for Individual)	-	pation (for Individual)	Memo Item
	Select Medical Corporation	Senic	or Vice President	_
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	Mailing Address 4966 Cline Hollow Road			M M / D D / Y Y Y Y 08 18 2023
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с.	Full Name of Individual (Last, First, Middle In Marshall, Christopher, L, Mr.,	itial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 4966 Cline Hollow Road			09 01 2023
	City	State	Zip Code	Transaction ID : A2023-1924745
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	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	Select Medical Corporation	Senio	r Vice President	4
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PAGE 153 OF

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 OF 299 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia McGrath, Lisa, , , Mailing Address 411 Shenandoah Drive	al) or Full C	Organization Name	Date of Receipt
	City Collegeville	State PA	Zip Code 19426	08 11 2023 Transaction ID : A2023-1764934 Amount of Each Receipt this Period
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	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	NP	upation (for Individual) Year-to-Date ▼ 1846.24	Memo Item
в.	Full Name of Individual (Last, First, Middle Initia McGrath, Lisa, , , Mailing Address 411 Shenandoah Drive	al) or Full C	Organization Name	Date of Receipt
	City Collegeville	State PA	Zip Code 19426	08 25 2023 Transaction ID : A2023-1903182 Amount of Each Receipt this Period
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	Primary General Other (specify) ▼		1961.63	
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	City Collegeville	State PA	Zip Code 19426	09 08 2023 Transaction ID : A2023-2037014
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	Name of Employer (for Individual) Select Medical Corporation Receipt For:	NP	upation (for Individual)	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2077.02	
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	y information copied from such Reports and St for commercial purposes, other than using the				erson for the	e purpose o	f soliciting	contributio	ons
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions											
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,												
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Α.	Full Name of Individual (Last, First, Middle Ini McGrath, Lisa, , ,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 411 Shenandoah Drive			12 / D D / Y Y Y Y 12 15 2023											
	City Collegeville	State PA	Zip Code 19426	Transaction ID : A2023-2802088 Amount of Each Receipt this Period											
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в.	Full Name of Individual (Last, First, Middle Ini McNelis, Shaun, J, Mr.,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 204 Northwood Cir			07 07 2023											
	City	State	Zip Code	Transaction ID : A2023-1633257											
	Mechanicsburg	PA	17050-6882	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		115.39											
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item											
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FEC Schedule A (Form 3X) Rev. 06/2016

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			y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle Select Medical Corporation I	PAC		
Full Name of Individual (Last, First, Middl McNelis, Shaun, J, Mr., Mailing Address 204 Northwood Cir	e Initial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	Transaction ID : A2023-2036977
Mechanicsburg	PA	17050-6882	Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item
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Vice President

Aggregate Year-to-Date V

Select Medical Corporation

Other (specify)

General

Receipt For:

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SCHEDULE A (FEC Form 3X	()	Use separate schedule(s)	FOR LINE (check only		PAGE	E 168 (OF 2
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Mailing Address 204 Northwood Cir			M M	/ D D	/ Y	y y 2023	Y
City	State	Zip Code	Trans	action ID : A	2023-24	65170	
Mechanicsburg	PA	17050-6882	Amount	of Each Re	ceipt thi	s Perio	d
FEC ID number of contributing federal political committee.	С				-9-	115	5.39
Name of Employer (for Individual)		upation (for Individual)	Me	emo Item			
Select Medical Corporation Receipt For:		e President					
Primary General	Aggregate	Year-to-Date ▼					
Other (specify) V		2653.97					
Full Name of Individual (Last, First, Middle McNelis, Shaun, J, Mr.,	Initial) or Full C	Prganization Name	Date of	Receipt			
Mailing Address 204 Northwood Cir			M M 11	/ D D 24	/ Y	2023	Y
City	State	Zip Code	Trans	action ID : A	2023-2	587517	
Mechanicsburg	PA	17050-6882	Amount	of Each Re	coint thi	e Porio	d
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FEC ID number of contributing federal political committee.	C	115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2769.36	

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SCHEDULE A	(FEC Form 3X)
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PAGE 169 OF

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	City	State	Zip Code			1 million 1	actio		A2023-2	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Mechanicsburg	PA	17050-68	382		Amount	t of Ea	ach F	Receipt th	is Period	ł
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	Mailing Address 204 Northwood Cir					^M 12	/	D D D D D D D D D D D D D D D D D D D		2023	Y
	City	State PA	Zip Code 17050-68	00					A2023-2		
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	Name of Employer (for Individual) Select Medical Corporation		pation (for Ind President	ividual)		M	emo l	tem			
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— С.	Full Name of Individual (Last, First, Middle Initial) Mena, Theodore, G, ,	or Full Or	ganization Nar	ne		Date of	f Rece	eipt			
	Mailing Address 4425 Indian Deer Rd					^M 07	/	07		2023	Ŷ
	City Windermere	State FL	Zip Code 34786-31	82					A2023-1		
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A .	Full Name of Individual (Last, First, Middle In Mena, Theodore, G, , Mailing Address 4425 Indian Deer Rd	itial) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : A2023-1635713
	Windermere	FL	34786-3182	Amount of Each Receipt this Period
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	Mailing Address 4425 Indian Deer Rd	Otata	Zin Oode	08 04 2023
	City Windermere	State FL	Zip Code 34786-3182	Transaction ID : A2023-1679321
			34700 3102	Amount of Each Receipt this Period
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	Mailing Address 4425 Indian Deer Rd			08 / D D / Y Y Y Y 08 18 2023
	City	State	Zip Code	Transaction ID : A2023-1884997
	Windermere	FL	34786-3182	Amount of Each Receipt this Period
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) inistrator	Memo Item
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В.	Full Name of Individual (Last, First, Middle Init Mena, Theodore, G, , Mailing Address 4425 Indian Deer Rd	ial) or Full C	Drganization Name	Date of Receipt										
	City Windermere	State FL	Zip Code 34786-3182	09 15 2023 Transaction ID : A2023-2036991 Amount of Each Receipt this Period										
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C.	Full Name of Individual (Last, First, Middle Init Mena, Theodore, G, ,	ial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 4425 Indian Deer Rd	State	Zip Code	09 / 29 / 2023 Transaction ID : A2023-2130256										
	Windermere	FL	34786-3182	Amount of Each Receipt this Period										
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	Name of Employer (for Individual) Select Medical Corporation	Adm	cupation (for Individual) ministrator	Memo Item										
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City Windermere	State FL	Zip Code 34786-3182	10 13 2023 Transaction ID : A2023-2294518 Amount of Each Receipt this Period
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PAGE 173 OF

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PAGE 174 OF

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	City Mechanicsburg	State PA		Zip Code 17050		Trar	sac		on ID	: A	2023-1	6357	704		
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	Mailing Address 215 St James Court					^M 08	1	/)4	/ Y	20)23	Y	
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SCHEDULE A	(FEC Form 3X)
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В.	Full Name of Individual (Last, First, Middle Initi Mullin, Thomas, P, Mr.,	Date of Receipt															
	Mailing Address 215 St James Court		09 01 2023														
	City	State		Zip Code		Transaction ID : A2023-1924763											
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SCHEDULE A	(FEC Form 3X)
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PAGE 176 OF

299

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Α.	Full Name of Individual (Last, First, Middle Initia Mullin, Thomas, P, Mr.,		Date of Receipt													
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	Mailing Address 215 St James Court		10 13 2023													
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	Mailing Address 215 St James Court				10 27 2023											
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SCHEDULE A	(FEC Form 3X)
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PAGE 177 OF

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A.	Full Name of Individual (Last, First, Middle Initial Mullin, Thomas, P, Mr., Mailing Address 215 St James Court City Mechanicsburg FEC ID number of contributing federal political committee.	I) or Full Or State PA	rganization Name Zip Code 17050	Date of Receipt				
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Chie	upation (for Individual) ef Operating Officer Year-to-Date ▼ 4423.13	Memo Item				
B.	Full Name of Individual (Last, First, Middle Initial Mullin, Thomas, P, Mr., Mailing Address 215 St James Court City Mechanicsburg FEC ID number of contributing	State PA	Zip Code 17050	Date of Receipt				
	federal political committee. Name of Employer (for Individual) Select Medical Corporation	Chie	upation (for Individual) ef Operating Officer Year-to-Date ▼ 4615.44	Memo Item				
C.	Full Name of Individual (Last, First, Middle Initial Mullin, Thomas, P, Mr., Mailing Address 215 St James Court	Date of Receipt 12 / 08 / 2023 Transaction ID : A2023-2726355						
	Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	Chie	Zip Code 17050 upation (for Individual) of Operating Officer Year-to-Date ▼ 4807.75	Amount of Each Receipt this Period Memo Item				
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PAGE 178 OF

299

ITEMIZED REGEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	17					
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Full Name of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name		. .										
B. Mumma, Michael, J, Mr., Mailing Address 5782 Stillwell Court				Date of Receipt										
City	State	Zip Code		Trans	acti	on ID :	A2023-1	633252						
Harrisburg	PA	17112		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			38.47										
Name of Employer (for Individual) Select Medical Corporation		ation (for Individual) President		M	lemc	ltem								
Receipt For:	Aggregate Ye	ar-to-Date 🔻												
Primary General Other (specify) ▼		538.58												
Full Name of Individual (Last, First, Middle Initia C. Mumma, Michael, J, Mr.,	al) or Full Orga	anization Name		Date o	f Re	eceipt								
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)	
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PAGE 179 OF

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initial) Mumma, Michael, J, Mr., Mailing Address 5782 Stillwell Court	or Full O	rgar	nization Name		Date	М	?ec	ceipt		/ Y)23	Ŷ	
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	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) esident			Men	10	Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 615.52											
B.	Full Name of Individual (Last, First, Middle Initial) Mumma, Michael, J, Mr.,	Date of Receipt													
	Mailing Address 5782 Stillwell Court	<u></u>				™ 08		/	D 1	в В	/ Y)23 [°]	Y	
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C.	Full Name of Individual (Last, First, Middle Initial) Mumma, Michael, J, Mr.,	or Full O	rgar	nization Name		Date	of F	Rec	ceipt						
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SCHEDULE A	(FEC Form 3X)	
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	Mailing Address 5782 Stillwell Court	Chata		Zin Code	09 / 15 / 2023 Transaction ID : A2023-2036972										
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	Mailing Address 5782 Stillwell Court		09 29 2023												
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 769.40											
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mumma, Michael, J, Mr.,								eceipt						
	Mailing Address 5782 Stillwell Court					10 13 2023									
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PAGE 180 OF

299

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SCHEDULE A	(FEC Form 3X)
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	and Statements may not be sold or used by any per ing the name and address of any political committee	rson for the purpose of soliciting contributions							
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Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 846.34								
Full Name of Individual (Last, First, Mic B. Mumma, Michael, J, Mr.,	Idle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5782 Stillwell Court	M M / D D / Y Y Y Y 11 10 2023								
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Full Name of Individual (Last, First, Mic C. Mumma, Michael, J, Mr.,	Idle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 5782 Stillwell Court		11 24 2023							
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Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item							
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PAGE 181 OF

299

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PAGE 182 OF

299

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PAGE 183 OF

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 OF 110 OF 110 OF 110 OF 111 OF
NAME OF COMMITTEE (In Full)			
ightarrow Select Medical Corporation F	PAC		
	e Initial) or Ful	I Organization Name	Date of Receipt
City	State	Zip Code	Transaction ID : A2023-2587551
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Name of Employer (for Individual) Select Medical Corporation		1 ()	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 692.34	
ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political commit NAME OF COMMITTEE (In Full) Select Medical Corporation PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. O'Donnell, Michael, , , Mailing Address 4714 Gettysburg Rd City State Mechanicsburg PA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Executive Aggregate Year-to-Date ▼ 692.34		Date of Receipt	
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	Mailing Address 4714 Gettysburg Rd			M M / D D / Y Y Y Y 12 08 2023						
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2726386						
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	Name of Employer (for Individual) Select Medical Corporation	Occup: Execu	ation (for Individual) tive	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 807.73							
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	Name of Employer (for Individual) Select Medical Corporation	Occupa Execut	ation (for Individual) ive	Memo Item						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 185 OF

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11	EMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17					
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	City Camp Hill	State PA		Zip Code 17011	Transaction ID : A2023-2224588 Amount of Each Receipt this Period											
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	Name of Employer (for Individual) Select Medical Corporation			tion (for Individual) ve Chairman		М	emo	o Item								
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SCHEDULE A	(FEC Form 3X)	
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Use separate schedule(s)

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PAGE 186 OF

171	EMIZED RECEIPTS		Use separate schedule(s)			(check only one)									
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	Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) -Chairman		М	emo	tem								
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SCHEDULE A	(FEC Form 3X)
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Ь.	Mailing Address 7 Westwind Dr				-		ne	·		V	V	V				
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PAGE 187 OF

299

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SCHEDULE A	(FEC Form 3X)	
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PAGE 188 OF

299

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SCHEDULE A	(FEC Form 3X)
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A.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	al) or Full O	rgar	nization Name		Date		Rec	ceipt					
	Mailing Address 7 Westwind Dr			1		^M 12		/	08			023	Y	
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В.	Full Name of Individual (Last, First, Middle Initia Ortenzio, Rocco, A, Mr.,	al) or Full O	rgar	nization Name		Date	of I	Rec	ceipt					
	Mailing Address 7 Westwind Dr					12 22 2023								
	City	State Zip Code PA 17043-1234						Transaction ID : A2023-2802095						
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	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Vice-Chairman				Ē			,			192.2	25	
	Name of Employer (for Individual) Select Medical Corporation					Memo Item								
	Receipt For:	Aggregate	Yea	ur-to-Date ▼		_								
Primary General Other (specify) ▼			5000.00											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Pegler, William, L, Mr.,	al) or Full O	rgar	nization Name		Date	of I	Rec	ceipt					
	Mailing Address 21723 E Rowland Cir					M 07		/	07			023 [°]	Y	
	City Aurora	State CO		Zip Code 80016-3608						A2023			_	
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			•	ion (for Individual)		Memo Item								
	Select Medical Corporation Vice President Receipt For: Aggregate Year to Date V													
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	Other (specify)		-	2153.76										
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PAGE 189 OF

299

FOR LINE NUMBER:

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 OF (check only one) X 11a 11b 11c 12 13 14 15 16
			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Select Medical Corporation	PAC		
Full Name of Individual (Last, First, Midd A. Pegler, William, L, Mr., Mailing Address 21723 E Rowland Cir	le Initial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	Transaction ID : A2023-1635726
Aurora	CO	80016-3608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		153.84
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Select Medical Corporation	Vic	e President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.60	
Full Name of Individual (Last, First, Midd B. Pegler, William, L, Mr.,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 21723 E Rowland Cir			08 04 2023
City	State	Zip Code	Transaction ID : A2023-1679334

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Β.	Pull Name of Individual (Last, First, Middle Init Pegler, William, L, Mr.,	Date of Receipt						
	Mailing Address 21723 E Rowland Cir	08 04 2023						
	City	State	Zip Code	Transaction ID : A2023-1679334				
	Aurora	CO	80016-3608	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		153.84				
	Name of Employer (for Individual) Select Medical Corporation	· ·	ation (for Individual) resident	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ , 2461.44					
С.	Full Name of Individual (Last, First, Middle Init Pegler, William, L, Mr., Mailing Address 21723 E Rowland Cir	Date of Receipt						
				08 18 2023				
	City Aurora	State CO Zip Code 80016-3608 C C		Transaction ID : A2023-1885010 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.							
	Name of Employer (for Individual) Select Medical Corporation	Occupa Vice Pr	Memo Item					
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Select Medical Corporation

Other (specify)

General

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Select Medical Corporation	PAC		
A. Pegler, William, L, Mr., Mailing Address 21723 E Rowland Cir City	State	Zip Code	Date of Receipt
Aurora	CO	80016-3608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		153.84
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Select Medical Corporation	Vice	President	
Receipt For:	Aggregate	Year-to-Date V	
Primary General			

2769.12 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pegler, William, L, Mr., Date of Receipt Mailing Address 21723 E Rowland Cir 09 15 2023 City Zip Code State Transaction ID : A2023-2037004 Aurora CO 80016-3608 Amount of Each Receipt this Period FEC ID number of contributing С 153.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President Select Medical Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 2922.96 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pegler, William, L, Mr., C. Date of Receipt Mailing Address 21723 E Rowland Cir М 29 2023 09 City Zip Code State Transaction ID : A2023-2130269 СО 80016-3608 Aurora Amount of Each Receipt this Period FEC ID number of contributing С 153.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Vice President

Aggregate Year-to-Date ▼

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 OF 299 (check only one) X X 11a 11b 11c 12 12
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NAME OF COMMITTEE (In Full) Select Medical Corporation PAC		
Full Name of Individual (Last, First, Middle Initial) or A. Pegler, William, L, Mr.,	Full Organization Name	Date of Receipt
Mailing Address 21723 E Rowland Cir		10 / D D / Y Y Y Y Y 10 13 2023
City Sta Aurora CC		Transaction ID : A2023-2294532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		153.84
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	Memo Item
Receipt For: Aggr Primary General Other (specify) ▼	regate Year-to-Date ▼ 3230.64	
Full Name of Individual (Last, First, Middle Initial) or B. Pennacchia, Raymond, J, Mr., Mailing Address 6 Cold Spring Lane	Full Organization Name	Date of Receipt 07 07 2023
City Sta Media PA		Transaction ID : A2023-1633246 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior	Memo Item
Receipt For: Aggr Primary General Other (specify) ▼	regate Year-to-Date ▼ 1615.46	
Full Name of Individual (Last, First, Middle Initial) or C. Pennacchia, Raymond, J, Mr.,	Full Organization Name	Date of Receipt
Mailing Address 6 Cold Spring Lane		07 21 2023
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	ate Zip Code A 19063	Transaction ID : A2023-1635689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		

Other (specify)	1730.85	
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General

Primary

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SCHEDULE A	(FEC Form 3X)
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PAGE 193 OF

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в.	Full Name of Individual (Last, First, Middle Ini Pennacchia, Raymond, J, Mr.,	tial) or Full C	Drgan	ization Name		Date	of R	ecei	pt						
	iling Address 6 Cold Spring Lane							08 18 2023							
	City	State		Zip Code	Transaction ID : A2023-1884973										
	Media	PA		19063	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.						115.39								
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Marketing Senior						Memo Item							
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	Mailing Address 6 Cold Spring Lane							09 01 2023							
	City	State		Zip Code		Tran	sac	tion	ID :	A2023-1	92474	48			
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SCHEDULE A	(FEC Form 3X)
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PAGE 194 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page			-		-	1b	11c		12		
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A.	Full Name of Individual (Last, First, Middle Initial) Pennacchia, Raymond, J, Mr., Mailing Address 6 Cold Spring Lane	or Full Or	gan	ization Name		Date o		ece	•		V	v	Y	
	City	State		Zip Code	09 15 2023 Transaction ID : A2023-2036966 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) sident of Marketing Senior		N	1emo	o l	tem					
	Receipt For: A Primary General Other (specify) ▼	r-to-Date ▼ 2192.41												
В.	Full Name of Individual (Last, First, Middle Initial) Pennacchia, Raymond, J, Mr.,	Date of Receipt												
	Mailing Address 6 Cold Spring Lane					09 29 2023								
	City Media	State PA	Zip Code 19063	Transaction ID : A2023-2130231 Amount of Each Receipt this Period										
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с.	Full Name of Individual (Last, First, Middle Initial) Pennacchia, Raymond, J, Mr.,	or Full Or	gan	ization Name		Date o	of Re	ece	əipt					
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PAGE 195 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
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NAME OF COMMITTEE (In Full) Select Medical Corporation PA	NC							
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Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) President of Marketing Senior Year-to-Date ▼ 2538.58	Memo Item					
Full Name of Individual (Last, First, Middle In Pennacchia, Raymond, J, Mr., Mailing Address 6 Cold Spring Lane	nitial) or Full O	Date of Receipt						
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Full Name of Individual (Last, First, Middle In Pennacchia, Raymond, J, Mr., Mailing Address 6 Cold Spring Lane	Date of Receipt							
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SCHEDULE A	(FEC Form 3X)
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PAGE 196 OF

299

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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City	State	Zip Code	12 08 2023								
Media	PA	19063	Transaction ID : A2023-2726341 Amount of Each Receipt this Period								
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Mailing Address 6 Cold Spring Lane											
City Media	State PA	Zip Code 19063	Transaction ID : A2023-2802106 Amount of Each Receipt this Period								
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Receipt For: Primary General Other (specify) ▼	Aggregate Y	<pre>/ear-to-Date ▼</pre>									
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Mailing Address 7915 Glade Hill Ct			07 / D D / Y Y Y Y 07 07 2023								
City Dallas	State TX	Zip Code 75218	Transaction ID : A2023-1633280								
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Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) Administrator	Memo Item								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separ for each c Detailed S
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PAGE 197 OF

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Mailing Address 7915 Glade Hill Ct			M M 08	/	04) / Y	y 2023		Ý					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 13 14	PAGE 11c 15	198 C)F		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							

Α.	Full Name of Individual (Last, First, Middle Init Polo, Fabian, E, Mr.,	tial) or Full Org	anization Name	Date of Receipt		
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	Mailing Address 7915 Glade Hill Ct	1	09 01 2023			
	City	State	Zip Code	Transaction ID : A2023-1924782		
	Dallas	TX	75218	Amount of Each Receipt this Period		
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	Select Medical Corporation	CEO//	Administrator	-		
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	Mailing Address 7915 Glade Hill Ct			09 29 2023		
	City	State	Zip Code	Transaction ID : A2023-2130266		
	Dallas	TX	75218	Amount of Each Receipt this Period		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 199 OF

299

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
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NAME OF COMMITTEE (In Full) Select Medical Corporation PA			s to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle In Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TX C Occu CEC	ganization Name Zip Code 75218 pation (for Individual) //Administrator Year-to-Date ▼ 2423.19	Date of Receipt
Full Name of Individual (Last, First, Middle In Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct City	State	ganization Name	Date of Receipt 10 / 27 / 2023 Transaction ID : A2023-2353873
Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	CEC	75218 upation (for Individual) D/Administrator Year-to-Date ▼ 2538.58	Amount of Each Receipt this Period 115.39 Memo Item
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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
	he name and a		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle I Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct City Dallas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State TX C Occo CEC	Zip Code 75218 upation (for Individual) D/Administrator Year-to-Date ▼ 2769.36	Date of Receipt 11 24 2023 Transaction ID : A2023-2587540 Amount of Each Receipt this Period 115.39 Memo Item
Full Name of Individual (Last, First, Middle I Polo, Fabian, E, Mr., Mailing Address 7915 Glade Hill Ct City Dallas	State	Zip Code 75218	Date of Receipt

lederal political committee.		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Select Medical Corporation	CEO/Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	2884.75	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Polo, Fabian, E, Mr.,

Mailing Address 7915 Glade Hill Ct			M M / D D / Y Y Y Y 12 22 2023
City	State	Zip Code	Transaction ID : A2023-2802140
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Name of Employer (for Individual) Select Medical Corporation		tion (for Individual) Iministrator	Memo Item
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FEC Schedule A (Form 3X) Rev. 06/2016

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Date of Receipt

299

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 OF 299 (check only one) 11a 11a 11b 13 14
	the name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle A. Pomeranz, Bruce, , , Mailing Address 4714 Gettysburg Rd		Date of Receipt
City Mechanicsburg	State Zip Code PA 17055	Transaction ID : A2023-2301938
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) Executive Aggregate Year-to-Date ▼ 3000.00	Amount of Each Receipt this Period 3000.00 Memo Item
Full Name of Individual (Last, First, Middle B. Principe, Adam, , Mr., Mailing Address 1207 Wings Way City Cantonment FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32533 C Occupation (for Individual) Administrator Aggregate Year-to-Date 230,78	Date of Receipt
Full Name of Individual (Last, First, Middle C. Principe, Adam, , Mr., Mailing Address 1207 Wings Way City Cantonment		Date of Receipt 11 Transaction ID : A2023-2465135 Amount of Each Receipt this Period
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 OF 299 (check only one) 11a 11a 11b 13 14
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Full Name of Individual (Last, First, Middle I A. Principe, Adam, , Mr., Mailing Address 1207 Wings Way	nitial) or Full C	Organization Name	Date of Receipt
City Cantonment	State FL	Zip Code 32533	11 24 2023 Transaction ID : A2023-2587542 Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Adr	upation (for Individual) ninistrator Year-to-Date ▼ 461.56	Memo Item
Full Name of Individual (Last, First, Middle I B. Principe, Adam, , Mr., Mailing Address 1207 Wings Way City	nitial) or Full C	Drganization Name	Date of Receipt 12 08 2023 Transaction ID : A2023-2726377
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Full Name of Individual (Last, First, Middle I C. Principe, Adam, , Mr., Mailing Address 1207 Wings Way	,		Date of Receipt
City Cantonment FEC ID number of contributing federal political committee.	State FL	Zip Code 32533	Transaction ID : A2023-2802142 Amount of Each Receipt this Period 115.39
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SCHEDULE A	(FEC Form 3X)
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PAGE 203 OF

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B.	Full Name of Individual (Last, First, Middle Initial Pyles, Kimberly, , ,) or Full O	rga	nization Name		Date	of	Re	ceipt						
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	City Mechanicsburg	State PA		Zip Code 17055							A2023-1				
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City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1885015 Amount of Each Receipt this Period
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Mailing Address 4714 Gettysburg Rd			09 01 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1924790 Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ocutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2076.84]
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Mailing Address 4714 Gettysburg Rd	Otata	The Oak	M M / D D / Y Y Y Y Y 15 / 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2037009 Amount of Each Receipt this Period
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Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item

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Aggregate Year-to-Date ▼

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Select Medical Corporation

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SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check onl X 11a 13	11b	11c	205 O	
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) Select Medical Corporat	n using the name and		person for the				
Full Name of Individual (Last, First, A. Pyles, Kimberly, , , Mailing Address 4714 Gettysburg R	Middle Initial) or Full (Organization Name	Date o	f Receipt	/ Y	2023	Ŷ
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FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Aggregate	cupation (for Individual) ecutive ⇒ Year-to-Date ▼ 2307.60		lemo Item		115.	_
Full Name of Individual (Last, First, B. Pyles, Kimberly, , , Mailing Address 4714 Gettysburg R City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	d State PA C Ex	Zip Code 17055 cupation (for Individual) ecutive e Year-to-Date 2422.98	M M 10 Trans Amoun	f Receipt	A2023-229		
Full Name of Individual (Last, First, Pyles, Kimberly, , , Mailing Address 4714 Gettysburg R City Mechanicsburg FEC ID number of contributing federal political committee.	d State PA C	Zip Code 17055	Amoun	f Receipt / 27 saction ID : t of Each Re lemo Item	A2023-23		_
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 OF 299 (check only one) 11a 11a 11b 11c 13 14 15 16 17
				e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Select Medical Corporation PA	C		
Α.	Full Name of Individual (Last, First, Middle Ini Pyles, Kimberly, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd			11 10 2023
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2465142 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.38
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2653.74]
в.	Full Name of Individual (Last, First, Middle Ini Pyles, Kimberly, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4714 Gettysburg Rd	State	Zin Code	11 / 24 / Y Y Y Y 2023
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2587549 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.38
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2769.12	1
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C.	Pyles, Kimberly, , , Mailing Address 4714 Gettysburg Rd			Date of Receipt
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2726384 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.38
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50]
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	Select Medical Corporation PA	С												
Α.	Full Name of Individual (Last, First, Middle Ir Pyles, Kimberly, , ,	nitial) or Full (Organization Name		Date of Receipt									
	Mailing Address 4714 Gettysburg Rd				12 22 2023									
	City	State	Zip Code		Tran	saction II) : A202	23-280	02149					
	Mechanicsburg	PA	17055		Amour	nt of Each	Receip	ot this	Period					
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		N	lemo Iten	ı							
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	Other (specify) v	L	2999.88	4										
В.	Full Name of Individual (Last, First, Middle Ir Radford, Jeffrey, A, ,	nitial) or Full (Organization Name		Date o	of Receipt								
	Mailing Address 15413 Monticello Drive				M	/ / D	D /	Y	Y Y	Y				
	City	State	Zip Code		07		07	-	2023					
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С.	Full Name of Individual (Last, First, Middle Ir Radford, Jeffrey, A, ,	nitial) or Full (Organization Name		Date o	of Receipt								
•	Mailing Address 15413 Monticello Drive					_ ·	D /	Y	YY	Y				
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	City	State	Zip Code		Tran	saction I	D : A202	23-16	35712					
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	Name of Employer (for Individual)	Occ	cupation (for Individual)		Ν	lemo Iten	ı							
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	Other (specify)		1730.85											

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	ny information copied from such Reports and s for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full)								
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	Select Medical Corporation PA	C							
<u>/</u>	Full Name of Individual (Last, First, Middle In	itial) or Full (Drganization	Name					
Α.		,	J		Date of F	Receipt			
	Mailing Address 15413 Monticello Drive				M	/ D D	/ Y	YY	Y
					08	04		2023	
	City	State	Zip Co	de	Transac	ction ID :	A2023-1	679320	
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	Select Medical Corporation		ninistrator	,					
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	Primary General	Aggregate	Year-to-Date	⊎ ▼					
	Other (specify)			1846.24					
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В.	Full Name of Individual (Last, First, Middle In Radford, Jeffrey, A, , Mailing Address 15413 Monticello Drive	, 			Date of F	Receipt	/ Y	2023	Y
	City	State	Zip Co		Transac	tion ID : /	A2023-18	384996	
	Bristol	VA	24202	2	Amount o	of Each Re	eceipt th	is Period	
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for ministrator	Individual)	Men	no Item			
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	City	State	Zip Co	do		ction ID :	A 2022 1		
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	FEC ID number of contributing federal political committee.	С				,	,	115.	39
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	Name of Employer (for Individual)		upation (for	Individual)					
	Select Medical Corporation	Adr	ninistrator						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	e ▼ 2077.02]				

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	` `	11a	11b	11c		12
ny information copied from such Reports and	d Statements ma	I ay not be sold or used by any p	berson	13 for the	14 purpose o	15 soliciting	g cor	16 htributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	address of any political committe	e to so	licit cor	ntributions	from suc	h coi	nmittee.
Select Medical Corporation P	AC							
Full Name of Individual (Last, First, Middle Radford, Jeffrey, A, ,	Initial) or Full C	Organization Name		Date of	Receipt			
Mailing Address 15413 Monticello Drive				м м 09	/ D		Ý 20)23
City Bristol	State VA	Zip Code 24202			action ID of Each I			
FEC ID number of contributing federal political committee.	С			Amount				115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Me	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41]					
Full Name of Individual (Last, First, Middle Radford, Jeffrey, A, ,	Initial) or Full C	Organization Name		Date of	Receipt			
Mailing Address 15413 Monticello Drive				м м 09	/ D 29		Y 20	23
City Bristol	State VA	Zip Code 24202			action ID : of Each I			
FEC ID number of contributing federal political committee.	С					-		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ninistrator		Me	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.80]					
Full Name of Individual (Last, First, Middle Radford, Jeffrey, A, ,	Initial) or Full C	Organization Name		Date of	Receipt			
Mailing Address 15413 Monticello Drive				10 ^M	, 13			23 Y
City Bristol	State VA	Zip Code 24202			action ID of Each I			

FEC ID number of contributing federal political committee.	C	115.39
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2423.19	

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

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 OF 299 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any page the name and address of any political committee PAC	
Full Name of Individual (Last, First, Midd A. Radford, Jeffrey, A, , Mailing Address 15413 Monticello Drive	le Initial) or Full Organization Name	Date of Receipt
City Bristol	StateZip CodeVA24202	Transaction ID : A2023-2353862 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 2538.58	Memo Item
Full Name of Individual (Last, First, Midd B. Radford, Jeffrey, A, , Mailing Address 15413 Monticello Drive City Bristol FEC ID number of contributing	le Initial) or Full Organization Name State Zip Code VA 24202	Date of Receipt
federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 2653.97	Memo Item
Full Name of Individual (Last, First, Midd C. Radford, Jeffrey, A, , Mailing Address 15413 Monticello Drive	le Initial) or Full Organization Name	Date of Receipt
City Bristol FEC ID number of contributing federal political committee.	State Zip Code 24202	Transaction ID : A2023-2587529 Amount of Each Receipt this Period 115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 2769.36	Memo Item

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 OF 299 (check only one) I11 I11 I11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ne name and a		13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle I A. Radford, Jeffrey, A, , Mailing Address 15413 Monticello Drive	nitial) or Full C	Drganization Name	Date of Receipt
City Bristol	State VA	Zip Code 24202	Transaction ID : A2023-2726364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation		supation (for Individual)	115.39 Memo Item
Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 2884.75]
Full Name of Individual (Last, First, Middle I B. Radford, Jeffrey, A, , Mailing Address 15413 Monticello Drive City	State	Zip Code	Date of Receipt 12 12 12 12 12 12 12 1
Bristol FEC ID number of contributing federal political committee.	C	24202	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Ad	cupation (for Individual) ministrator Year-to-Date ▼ 3000.00	Memo Item
Full Name of Individual (Last, First, Middle I Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	nitial) or Full C	Organization Name	Date of Receipt
City Cornelius	State NC	Zip Code 28031	Transaction ID : A2023-1633264 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	115.39 Memo Item
Select Medical Corporation Receipt For: Primary Other (specify)	Vice	President Year-to-Date ▼ 1615.46	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedu for each category of Detailed Summary Pa	
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	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC			
Α.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	ll) or Full C	Drganization Name	Date of Receipt
	Mailing Address 20528 Lagoona Drive			07 / D D / Y Y Y Y 21 2023
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2023-1635707 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1730	0.85
В.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	l) or Full C	Drganization Name	Date of Receipt
	City	Ctoto	Zin Code	08 04 2023
	Cornelius	State NC	Zip Code 28031	Transaction ID : A2023-1679315 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846	16.24
C.	Full Name of Individual (Last, First, Middle Initia Rhodes, Chandelle, L, Ms.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 20528 Lagoona Drive			08 18 2023
	City Cornelius	State NC	Zip Code 28031	Transaction ID : A2023-1884991 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
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SCHEDULE A	(FEC Form 3X)
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PAGE 213 OF

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	City Cornelius	State NC	2	Zip Code 28031	_	Tran Amoun		i on ID Each	-			-	
	FEC ID number of contributing federal political committee.	С				<u> </u>				7	1	15.39)
Name of Employer (for Individual) Select Medical Corporation			cupatio e Pres	n (for Individual) ident		N	lemo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2077.02									
в.	Full Name of Individual (Last, First, Middle In Rhodes, Chandelle, L, Ms.,	itial) or Full C	Organiz	zation Name		Date o	of Re	eceipt					
	Mailing Address 20528 Lagoona Drive					^M 09	/	D 1		Y	2023	3	
	City Cornelius	State NC	Ž	Zip Code 28031				ion ID					
	FEC ID number of contributing federal political committee.	C		Amoun	IT OT	Each	Recei			100 15.39)		
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President					Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 2192.41									
<u>с.</u>	Full Name of Individual (Last, First, Middle In Rhodes, Chandelle, L, Ms.,	itial) or Full C	Organiz	zation Name		Date o	of Re	eceipt					
	Mailing Address 20528 Lagoona Drive					09	/	D 29		Y	2023		
	City Cornelius	State NC	2	Zip Code 28031		Tran Amoun		t ion ID Each					
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		9	1	15.39)
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	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 2307.80									
s	UBTOTAL of Receipts This Page (optional)							,	_	9	3	46.17	
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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 OF 2 (check only one) I1a 11b 11c 12 13 14 15 16 I6
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle Select Medical Corporation F	PAC		
Full Name of Individual (Last, First, Middle Rhodes, Chandelle, L, Ms.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 20528 Lagoona Drive			M M / D D / Y Y Y Y 10 13 2023
City	State	Zip Code	Transaction ID : A2023-2294511
Cornelius	NC	28031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Select Medical Corporation	Vice	President	
Receipt For:	Aggregato	Voar to Dato V	

<u> </u>			1 11 NI	
	Full Name of Individual (Last, First, Middle Init	iai) or Full Org	anization Name	
Α.				Date of Receipt
	Mailing Address 20528 Lagoona Drive			M M / D D / Y Y Y Y 10 13 2023
	City	State	Zip Code	Transaction ID : A2023-2294511
	Cornelius	NC	28031	Amount of Each Receipt this Period
				Amount of Each Necerpt this Feriou
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Select Medical Corporation	Vice F	President	
	Receipt For:	Angregate Ye	ear-to-Date 🔻	-
	Primary General	riggrogato ri		
	Other (specify)		2423.19	
В.	Full Name of Individual (Last, First, Middle Init Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	ial) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : A2023-2353856
	Cornelius	NC	28031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Select Medical Corporation		President	
	Receipt For:	A managata V		-
	Primary General	Aggregate Ye		
	Other (specify) ▼		2538.58	
	Full Name of Individual (Last, First, Middle Init	ial) or Full Org	anization Name	
C.	Rhodes, Chandelle, L, Ms.,	. 0		Date of Receipt
	Mailing Address 20528 Lagoona Drive			M = M / D = D / Y = Y = Y = Y

Mailing Address 20528 Lagoona Drive			11 10 2023
City	State	Zip Code	Transaction ID : A2023-2465176
Cornelius	NC	28031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Select Medical Corporation	Vice P	resident	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2653.97	
SUBTOTAL of Receipts This Page (optional).		•••••	346.17
TOTAL This Period (last page this line number	er only)	••••••	

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 OF (check only one) (check 11a) X 11a 113 14 15 16
			v person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation I	PAC		
Full Name of Individual (Last, First, Middl A. Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	e Initial) or Full (Drganization Name	Date of Receipt
City Cornelius	State NC	Zip Code 28031	Transaction ID : A2023-2587523 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2769.36	
Full Name of Individual (Last, First, Middl Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	e Initial) or Full (Drganization Name	Date of Receipt
City Cornelius	State NC	Zip Code 28031	12 08 2023 Transaction ID : A2023-2726358 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President	Memo Item
Receipt For:	Aggregate	e Year-to-Date ▼	

Other (specify) ▼		2884.75	1
Full Name of Individual (Last, First, Middle C. Rhodes, Chandelle, L, Ms., Mailing Address 20528 Lagoona Drive	Initial) or Full Org	ganization Name	Date of Receipt
City Cornelius	State NC	Zip Code 28031	Transaction ID : A2023-2802123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.2
Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	′ear-to-Date ▼ 3000.00	1

Primary

General

346.03 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1.000

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 216 OF

299

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
				erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$\left \right\rangle$	Select Medical Corporation PA	С							
Α.	Full Name of Individual (Last, First, Middle Ir Romberger, Scott, A, Mr.,	iitial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 440 Boyer St			10 / Y Y Y Y 10 17 2023					
	City	State	Zip Code	Transaction ID : A2023-2301934					
	Halifax	PA	17032-9017	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		5000.00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
	Select Medical Corporation	Sen	ior Vice President	-					
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General	, iggi oguio		1					
	Other (specify) v	L	5000.00						
	Full Name of Individual (Last, First, Middle In	iitial) or Full O	rganization Name						
В.	Rountree, Tim, , ,			Date of Receipt					
	Mailing Address 4714 Gettysburg Rd			07 07 Y Y Y Y Y 2023					
	City	State	Zip Code	Transaction ID : A2023-1633263					
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Select Medical Corporation		cutive						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	, iggi oguio		1					
	Other (specify) v	L	2692.34						
с.	Full Name of Individual (Last, First, Middle Ir Rountree, Tim, , ,	iitial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 4714 Gettysburg Rd			07 / D D / Y Y Y Y 21 2023					
	City	State	Zip Code	Transaction ID : A2023-1635706					
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.31					
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item					
	Select Medical Corporation		cutive						
	Receipt For:	I	Year-to-Date ▼						
	Primary General	Aggregate							
	Other (specify)		2884.65						
s	UBTOTAL of Receipts This Page (optional)			5384.62					

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 OF 299 (check only one) (check 11a) X 11a 113 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a		person for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle In A. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd	itial) or Full C	Organization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	08 04 2023 Transaction ID : A2023-1679314 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	Pupation (for Individual) ecutive Year-to-Date ▼ 3076.96	192.31
Full Name of Individual (Last, First, Middle In B. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occ Exe Aggregate	Zip Code 17055 supation (for Individual) ecutive Year-to-Date 3269,27	Date of Receipt
Full Name of Individual (Last, First, Middle In C. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	State PA C Occ Exe	Zip Code 17055	Date of Receipt 09 / 01 / 2023 Transaction ID : A2023-1924765 Amount of Each Receipt this Period 192.31 Memo Item
Other (specify)		3461.58	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)							OF	299					
	ny information copied from such Reports and S for commercial purposes, other than using the								butior	ns					
\square	NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PA	0													
Α.	Full Name of Individual (Last, First, Middle Ini Rountree, Tim, , ,	tial) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 4714 Gettysburg Rd			09 / Y Y Y Y 09 15 2023											
	City Mechanicsburg	State PA	Zip Code 17055		Transaction ID : A2023-2036983 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						19	92.31						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		Me	emo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3653.89]											
в.		tial) or Full C	Drganization Name		Date of	Receipt				_					
	Mailing Address 4714 Gettysburg Rd	State	Zip Code		09	a tana	9	2023							
	Mechanicsburg	PA 17055					: A2023- Receipt	pt this Period							
	FEC ID number of contributing federal political committee.	С			92.31										
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive		Me	emo Item									
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify) ▼		3846,20]											
С.	Full Name of Individual (Last, First, Middle Ini Rountree, Tim, , ,	tial) or Full C	Drganization Name		Date of	Receipt									
	Mailing Address 4714 Gettysburg Rd				^M 10		3 /	2023		1					
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2294510 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				. , .	. ,	19	92.31						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)		M	emo Item									
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	Primary General Other (specify)		4038.51	1											

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 OF 299 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	e name and a		
Full Name of Individual (Last, First, Middle In A. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd City	State	Zip Code	Date of Receipt 10 / 27 / 2023 Transaction ID : A2023-2353855
Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exe	17055 cupation (for Individual) ecutive Year-to-Date ▼ 4230.82	Amount of Each Receipt this Period 192.31 Memo Item
Full Name of Individual (Last, First, Middle In B. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Occ Exc Aggregate	Zip Code 17055 cupation (for Individual) ecutive Year-to-Date 4423.13	Date of Receipt
Full Name of Individual (Last, First, Middle In C. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	State PA C Occ Exe	Drganization Name Zip Code 17055 Lupation (for Individual) ecutive Year-to-Date ▼	Date of Receipt 11 24 2023 Transaction ID : A2023-2587522 Amount of Each Receipt this Period 192.31 Memo Item
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Other (specify)

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Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Select Medical Corporation PA	ne name and a		13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle I A. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd	nitial) or Full C	Drganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2726357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	Aggregate	ecutive Year-to-Date ▼ 4807.75	Memo Item
Full Name of Individual (Last, First, Middle II B. Rountree, Tim, , , Mailing Address 4714 Gettysburg Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C	Zip Code 17055 Cupation (for Individual) ecutive Year-to-Date ▼ 5000.00	Date of Receipt
Full Name of Individual (Last, First, Middle I C. Rusignuolo, Brian, R, Mr., Mailing Address 1339 Sconsett Way City New Cumberland	State PA	Zip Code 17070	Date of Receipt 07 07 2023 Transaction ID : A2023-1633248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Ser	eupation (for Individual) nor Vice President Year-to-Date ▼ 2692.34	192.31

SUBTOTAL of Receipts This Page (optional)			,		,	57	6.87]
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 221 OF

299

ITEMIZED RECEIPTS				or each category of the transformed summary Page		×	-		11b	11c		12		. –				
	y information copied from such Reports and Stat for commercial purposes, other than using the na												ions	17				
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			be of any pointear co														
\rangle	Select Medical Corporation PAC																	
Α.	Full Name of Individual (Last, First, Middle Initial Rusignuolo, Brian, R, Mr.,) or Full O	rgan	ization Name		_	Date o	f Re	eceipt									
	Mailing Address 1339 Sconsett Way	Otata		Zin Oada			07		21		20	023	Y					
	City New Cumberland	State PA		Zip Code 17070						: A2023-1								
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period															
	Name of Employer (for Individual) Select Medical Corporation Receipt For:		_	M	lemo	tem												
	Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 2884.	65													
в.	Full Name of Individual (Last, First, Middle Initial Rusignuolo, Brian, R, Mr.,) or Full O	Drgan	ization Name			Date o	f Re	eceipt									
	Mailing Address 1339 Sconsett Way						M M	/	D 04)23	Y					
	City New Cumberland	Zip Code 17070						: A2023-1 Receipt th										
	FEC ID number of contributing federal political committee.	С				192.31												
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) /ice President		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 3076.	.96													
с.	Full Name of Individual (Last, First, Middle Initial Rusignuolo, Brian, R, Mr.,) or Full O	Organ	ization Name			Date o	f Re	eceipt									
	Mailing Address 1339 Sconsett Way						08	/	D 18)23)	Y					
	City New Cumberland	State PA		Zip Code 17070						: A2023-1			_					
	FEC ID number of contributing federal political committee.	C					Amoun	t of	Each I	Receipt th	is P	'eriod 192.3	1					
Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Senior Vice President								lemo	tem									
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 3269.														
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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PAGE 222 OF

ITEMIZED RECEIPTS				for each category of the Detailed Summary Page		X 11a	a		11b 14	F	11c 15	12	_	17
or	v information copied from such Reports and State for commercial purposes, other than using the national states of the states of			n for th			ose		soliciting	contri	butior	าร		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
A .	Full Name of Individual (Last, First, Middle Initial) Rusignuolo, Brian, R, Mr., Mailing Address 1339 Sconsett Way City	or Full O State	rga	nization Name Zip Code		Date 09 Tra	9 ^M	1	0)1	/ Y A2023-1	2023 924750	5]
New Cumberland PA 17070 FEC ID number of contributing federal political committee. C								of	Each	Re	eceipt th		od 92.31	
	Name of Employer (for Individual) Select Medical Corporation Receipt For: A Primary General Other (specify) ▼	Sen	ior `	tion (for Individual) Vice President ar-to-Date ▼ 3461.58			Me	emo	Item					
B.	Full Name of Individual (Last, First, Middle Initial) Rusignuolo, Brian, R, Mr., Mailing Address 1339 Sconsett Way	or Full O	rga	nization Name		Date	М	Re	D	р 5	/ Y	2023	Ý]
CityState PAZip Code 17070New CumberlandPA17070FEC ID number of contributing federal political committee.C											2023-20 eceipt th	is Peri		
	Name of Employer (for Individual) Select Medical Corporation Receipt For: A Primary General Other (specify) ▼	Sen	nior	tion (for Individual) Vice President ar-to-Date ▼ 3653.89			Me	emo	Item					
C.	Full Name of Individual (Last, First, Middle Initial) Rusignuolo, Brian, R, Mr., Mailing Address 1339 Sconsett Way	or Full O State	rga	Zip Code		Date	9 ^M	1	2	29	/ Y A2023-2	2023 130233]
	New Cumberland FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	PA C Occu Seni	ior \	tion (for Individual) /ice President ar-to-Date ▼ 3846.20			unt	of		Re	eceipt th	is Peri		
รเ	JBTOTAL of Receipts This Page (optional)			······					9		,	57	6.93	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 223 OF

		for each category of the Detailed Summary Page				11	- F	11c		12				
Δn	y information copied from such Reports and Sta	atements ma	av not be sold or used by any pe	rson	13 for the		14		15 solicitin		16 Intribut	17 17		
	for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
Ľ	Select Medical Corporation PAC													
A.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full O	rganization Name		Date	of Re	ecei	ipt						
	Mailing Address 1339 Sconsett Way			10 13 2023										
	City	State	Zip Code		Transaction ID : A2023-2294555									
	New Cumberland	PA	17070	_	Amou	nt of	Ea	ch R	eceipt t	his I	Period			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President		N	/lemo	o Ite	em						
	Receipt For:		Year-to-Date V											
	Primary General Other (specify) ▼		4038.51											
В.	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,		Date	of Re	ecei	ipt								
	Mailing Address 1339 Sconsett Way							D D 27	/		023	Y		
	City	State	Zip Code		Tran	sact	ion	ID :	A2023-2	2353	841			
	New Cumberland	PA	17070	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	s l								_	192.3	1		
	Name of Employer (for Individual) Select Medical Corporation	lividual) Occupation (for Individual) Senior Vice President												
	Receipt For: Primary General Other (specify) ▼	ceipt For: Aggregate Year-to-Date ▼ Primary General												
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Rusignuolo, Brian, R, Mr.,	al) or Full O	rganization Name		Date	of Re	ecei	ipt						
	Mailing Address 1339 Sconsett Way				[™] 11	И /		10	/		023 [°]	Y		
	City	State	Zip Code		Tran	sact	tion	ID :	A2023-	2465	5161			
	New Cumberland	PA	17070	_	Amou	nt of	Ea	ch R	eceipt t	his F	Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		, , , , , , , , , , , , , , , , , , ,	_	192.3	1		
	Name of Employer (for Individual)	Оссі	upation (for Individual)		ľ	/lemo	o Ite	em						
	Select Medical Corporation	Seni	ior Vice President											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)									
Select Medical Corporation	n PAC								
A. Rusignuolo, Brian, R, Mr., Mailing Address 1339 Sconsett Way	ddle Initial) or Full Organization Name	Date of Receipt							
New Cumberland	PA 17070	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Select Medical Corporation	Senior Vice President								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.44								
Full Name of Individual (Last, First, Mid B. Rusignuolo, Brian, R, Mr.,	ddle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 1339 Sconsett Way		12 08 2023							
City	State Zip Code	Transaction ID : A2023-2726343							
New Cumberland	PA 17070	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	192.31							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
Select Medical Corporation	Senior Vice President	_							
Receipt For:	Aggregate Year-to-Date 🔻								
Primary General Other (specify) ▼	4807.75								
Full Name of Individual (Last, First, Mic Rusignuolo, Brian, R, Mr.,	ddle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 1339 Sconsett Way		12 22 2023							
City	State Zip Code	Transaction ID : A2023-2802108							
New Cumberland	PA 17070	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	192.25								
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify)	5000.00								
SUBTOTAL of Receipts This Page (optic	Dnal)	576.87							

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PAGE 224 OF

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FOR LINE NUMBER:

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 OF 2 (check only one) X 11a 11b 11c 12										299
Any information copied from such Reports and	Statements m		Derson		13	14	of s	15		16 contrik			17
or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
Select Medical Corporation PA													
Full Name of Individual (Last, First, Middle I A. Ruskan, Jeffrey, J, Mr.,	nitial) or Full C	Organization Name		D	ate of R	eceipt							
Mailing Address 304 Beechwood Drive				Γ	^M 07	/ D	D 7	/	Y	y 2023		1	
City	State	Zip Code		1	Transac	tion ID	: A	202	23-16	33281			
Richmond	VA	23229		A	mount of	f Each	Re	ceip	ot this	3 Perio	bd		
FEC ID number of contributing federal political committee.	C					- J -			<u> </u>	19	2.31		
Name of Employer (for Individual)	Occ	upation (for Individual)		Г	Mem	o Item							
Select Medical Corporation	Pre	sident		1									
Receipt For:	Aggregate	Year-to-Date V											
Primary General			- L										
Other (specify)		2692.34											
Full Name of Individual (Last First Middle I		Verenization None											
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ruskan, Jeffrey, J, Mr.,												
Mailing Address 304 Beechwood Drive							D	/	Y	YY	Y		
						07 21 2023							
City	State	Zip Code			Transac	tion ID	: A	202	3-16	35724			
Richmond	VA	23229		A	mount of	f Each	Re	ceip	ot this	3 Perio	bd		
FEC ID number of contributing federal political committee.	C					-g-			,	19	2.31		
Name of Employer (for Individual)	000	cupation (for Individual)		Г	Mem	o Item							
Select Medical Corporation		esident		1									
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		0004.05	11										
Other (specify) v		2884.65	- 1										
Full Name of Individual (Last, First, Middle I	nitial) or Full C	Organization Name											
C. Ruskan, Jeffrey, J, Mr.,				D	ate of R	eceipt							
Mailing Address 304 Beechwood Drive	Mailing Address 304 Beechwood Drive						08 / D D / Y Y Y Y 08 04 2023						
City	Zip Code	Transaction ID : A2023-1679332											
Richmond	VA	23229		A	mount of	f Each	Re	ceip	ot this	s Peric	bd		
FEC ID number of contributing	C		192.31										
federal political committee.	C												
Name of Employer (for Individual)	Occ	upation (for Individual)		ſ	Mem	o Item							
Select Medical Corporation		sident											
Receipt For:	Aggregate	Year-to-Date 🔻											

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Primary

Other (specify)

General

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

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 OF 299 (check only one) Image: Check only one (Check only one) X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC	;								
Α.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	rganization Name	Date of Receipt						
	Mailing Address 304 Beechwood Drive		M M / D / Y							
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2023-1885008 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		192.31						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3269.27]						
В.	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	al) or Full C	rganization Name	Date of Receipt						
				09 01 2023						
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2023-1924783 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		192.31						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3461.58							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Ruskan, Jeffrey, J, Mr.,	al) or Full C	Prganization Name	Date of Receipt						
	Mailing Address 304 Beechwood Drive			09 / D D / Y Y Y Y 2023						
	City Richmond	State VA	Zip Code 23229	Transaction ID : A2023-2037002 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		192.31						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) sident	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3653.89							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 OF 299 (check only one) 11a 11a 11b
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Full Name of Individual (Last, First, Middle A. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	Initial) or Full (Drganization Name	Date of Receipt
City Richmond	State VA	Zip Code 23229	09 29 2023 Transaction ID : A2023-2130267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation		supation (for Individual)	192.31 Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3846.20]
Full Name of Individual (Last, First, Middle B. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	Initial) or Full (Drganization Name	Date of Receipt
Richmond FEC ID number of contributing federal political committee.	VA C	23229	Transaction ID : A2023-2294529 Amount of Each Receipt this Period 192.31
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Pre	cupation (for Individual) esident • Year-to-Date ▼ 4038.51	Memo Item
Full Name of Individual (Last, First, Middle C. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	Initial) or Full (Zip Code	Date of Receipt
Richmond FEC ID number of contributing federal political committee.	C	23229	Amount of Each Receipt this Period
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Pre	eupation (for Individual) sident • Year-to-Date ▼ 4230.82	Memo Item

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	Select Medical Corporation PAC												
Α.	Full Name of Individual (Last, First, Middle Initi Ruskan, Jeffrey, J, Mr.,	al) or Full	Orgar	nization Name	Date of Receipt								
	Mailing Address 304 Beechwood Drive				11 10 Y Y Y Y 11 10 2023								
	City Richmond	State VA		Zip Code 23229	Transaction ID : A2023-2465134 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Select Medical Corporation		ccupat resider	ion (for Individual) nt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Yea	r-to-Date ▼ 4423.13									
в.	Full Name of Individual (Last, First, Middle Initi Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive	al) or Full	Orgar	nization Name	Date of Receipt								
	City	State		Zip Code	Transaction ID : A2023-2587541								
	Richmond	VA		23229	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			192.31								
	Name of Employer (for Individual) Select Medical Corporation		ccupat reside	ion (for Individual) nt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	ipt For: Primary General Aggregate Year-to-Date ▼											
с.	Full Name of Individual (Last, First, Middle Initi Ruskan, Jeffrey, J, Mr.,	al) or Full	Orgar	nization Name	Date of Receipt								
	Mailing Address 304 Beechwood Drive				12 / D D / Y Y Y Y 12 08 2023								
	City Richmond	State VA		Zip Code 23229	Transaction ID : A2023-2726376 Amount of Each Receipt this Period								
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_	Receipt For: Primary General Other (specify)	Aggregat	te Yea	r-to-Date ▼ 4807.75									

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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Ruskan, Jeffrey, J, Mr., Date of Receipt Mailing Address 304 Beechwood Drive 22 2023 City State Zip Code Richmond VA 23229 Transaction ID : A2023-2802141 Amount of Each Receipt this Peric 192 2023 FEC ID number of contributing federal political committee. C 192 Name of Employer (for Individual) Occupation (for Individual) Memo Item Select Medical Corporation President Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 5000.00 Date of Receipt Mailing Address 111 Daisy Ln State Zip Code Transaction ID : A2023-22245855 City State Zip Code Transaction ID : A2023-22245855	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a		
B. Saich, John, A, Mr., Mailing Address 111 Daisy Ln City City State Date of Receipt 10 06 2023 Transaction ID : A2023-2224585	A. Ruskan, Jeffrey, J, Mr., Mailing Address 304 Beechwood Drive City Richmond FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	State VA C Occo Pres	Zip Code 23229 upation (for Individual) sident Year-to-Date ▼	12 22 2023 Transaction ID : A2023-2802141 Amount of Each Receipt this Period 192.25
Amount of Each Receipt this Period	3. Saich, John, A, Mr., Mailing Address 111 Daisy Ln			10 / D = D / Y = Y = Y = Y 2023

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Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Select Medical Corporation	Executive Vice President Chief HR O	
Receipt For:	Aggregate Year-to-Date ▼	
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Other (specify) V	5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Schmidt, Megan, P, Ms.,

Mailing Address 204 Forest Lane North			M M / D D / Y Y Y Y 07 07 2023
City	State	Zip Code	Transaction ID : A2023-1633260
Blountville	TN	37617	Amount of Each Receipt this Period
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Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Select Medical Corporation	Vice Pr	esident	
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Other (specify)	1 1 7	1615.46	
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FEC Schedule A (Form 3X) Rev. 06/2016

Date of Receipt

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 OF 299 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions et a solicit contributions from such committee.								
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Α.	Full Name of Individual (Last, First, Middle Init Schmidt, Megan, P, Ms.,	tial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 204 Forest Lane North			07 21 2023								
	City Blountville	State TN	Zip Code 37617	Transaction ID : A2023-1635703 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ee President	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1730.85]								
В.	Full Name of Individual (Last, First, Middle Ini Schmidt, Megan, P, Ms., Mailing Address 204 Forest Lane North	· · · · · · · · · · · · · · · · · · ·										
	City Blountville	State TN	Zip Code 37617	Transaction ID : A2023-1679311 Amount of Each Receipt this Period								
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	Name of Employer (for Individual)		cupation (for Individual)	Memo Item								
	Select Medical Corporation Receipt For: Primary General Other (specify)		e President e Year-to-Date ▼ 1846,24	1								
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Drganization Name									
C.	Schmidt, Megan, P, Ms., Mailing Address 204 Forest Lane North			Date of Receipt								
	City Blountville	State TN	Zip Code 37617	Transaction ID : A2023-1884987 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item								
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Other (specify)

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SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 OF PAGE 231 OF
			y person for the purpose of soliciting contributions the to solicit contributions from such committee.
Select Medical Corporation P			
Full Name of Individual (Last, First, Middle A. Schmidt, Megan, P, Ms.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 204 Forest Lane North			09 01 2023
City	State TN	Zip Code	Transaction ID : A2023-1924762
Blountville	IIN	37617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Select Medical Corporation	Vic	e President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2077.02	
Full Name of Individual (Last, First, Middle Schmidt, Megan, P, Ms.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 204 Forest Lane North			09 15 2023
City	State	Zip Code	Transaction ID : A2023-2036980
Blountville	TN	37617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2192.41	
Full Name of Individual (Last, First, Middle Schmidt, Megan, P, Ms.,	Initial) or Full C	Date of Receipt	
Mailing Address 204 Forest Lane North			09 29 2023
City Blountville	State TN	Zip Code 37617	Transaction ID : A2023-2130245 Amount of Each Receipt this Period
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Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Occupation (for Individual) Vice President Aggregate Year-to-Date ▼ 2307.80	Memo Item
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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PAGE 232 OF

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	EMIZED RECEIPTS			each category of the iled Summary Page		< 11a 13	a		11k 14		11c	1	Г	17				
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	Mailing Address 204 Forest Lane North					M 1	0	/	D	13	/ Y	, 202						
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В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schmidt, Megan, P, Ms.,								ceip	ot								
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Α.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms., Mailing Address 204 Forest Lane North	al) or Full Or	ganization Name	Date of Receipt									
	City	State	Zip Code	Transaction ID : A2023-2587519									
	Blountville	TN	37617	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item									
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Β.	Schmidt, Megan, P, Ms.,			Date of Receipt									
	Mailing Address 204 Forest Lane North			12 / D D / Y Y Y Y 2023									
	City Blountville	State TN	Zip Code 37617	Transaction ID : A2023-2726354									
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c.	Full Name of Individual (Last, First, Middle Initia Schmidt, Megan, P, Ms.,	al) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 204 Forest Lane North			12 / 22 / 2023									
	City	State	Zip Code	Transaction ID : A2023-2802119									
	Blountville	TN	37617	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) President	Memo Item									
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FEC Schedule A (Form 3X) Rev. 06/2016

PAGE 233 OF

299

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and State for commercial purposes, other than using the na					n for the		pose of	solicitin	g con	tribut	ions						
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Α.	Full Name of Individual (Last, First, Middle Initial) Shovlin, Tyler, J, , Mailing Address 2910 Legacy Commons Plz Apt 3 Suite 1050		Date of Receipt															
	City	State		Zip Code		Tran	sact	ion ID :	A2023-1	16332	62							
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	Mailing Address 2910 Legacy Commons Plz Apt 308Suite 1050							07 21 Y Y Y Y 2023										
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SCHEDULE A	(FEC Form 3X)
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A.	Full Name of Individual (Last, First, Middle Initia Shovlin, Tyler, J, , Mailing Address 2910 Legacy Commons Plz Apt Suite 1050 City		Date of Receipt 08 / 18 / 2023 Transaction ID : A2023-1884989																			
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в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shovlin, Tyler, J, ,								Date of Receipt													
	Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050								09 / 01 / Y Y Y Y 2023													
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SCHEDULE A	(FEC Form 3X)
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PAGE 236 OF

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Α.	Full Name of Individual (Last, First, Middle Initia Shovlin, Tyler, J, , Mailing Address 2910 Legacy Commons Plz Apt Suite 1050 City	-	Drgar	nization Name Zip Code	Date of Receipt 09 29 2023 Transaction ID : A2023-2130247												
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PAGE 237 OF

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	y information copied from such Reports and State for commercial purposes, other than using the na						or the		pos	se of		liciting		ntribu	tions					
\setminus	NAME OF COMMITTEE (In Full)																			
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A.	Full Name of Individual (Last, First, Middle Initial) Shovlin, Tyler, J, , Mailing Address 2910 Legacy Commons Plz Apt 3		rgar	ization Name		_	ate of	F Re	_	ipt	2	/ Y	Y	Ý	Y					
	Suite 1050					L	11		L	10			20)23						
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в.	Full Name of Individual (Last, First, Middle Initial) Shovlin, Tyler, J, ,) or Full Oi	rgar	ization Name		D	ate of	Re	ecei	ipt										
	Mailing Address 2910 Legacy Commons Plz Apt 3 Suite 1050	308			11 24 2023															
	City	State		Zip Code		Transaction ID : A2023-2587521														
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<u> </u>	Full Name of Individual (Last, First, Middle Initial) Shovlin, Tyler, J, ,) or Full O	rgar	ization Name		D	ate of	Re	ecei	ipt										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 238 OF

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	y information copied from such Reports and State for commercial purposes, other than using the na				for the		oose of	soliciting	contribu	utions							
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	Mailing Address 4714 Gettysburg Rd				11 / 10 / 2023 Transaction ID : A2023-2465141												
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SCHEDULE A	(FEC Form 3X)
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	Mailing Address 4714 Gettysburg Rd				м м 12	/	22		y y 2023	Y					
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с.	Full Name of Individual (Last, First, Middle In Skinner, Gloria, J, Mrs.,	itial) or Full O	rganization Name		Date o	f Re	ceipt								
	Mailing Address 1685 North 700 West				м м 07	/	D 07		2023	Y					
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PAGE 239 OF

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ITEMIZED REC	EIPTS

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	Select Medical Corporation	Seni	ior Vice President														
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	Primary General Other (specify) ▼	· · · ·	1846.24														
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name														
с.	Skinner, Gloria, J, Mrs.,			_	Date o	f Re	eceipt										
	Mailing Address 1685 North 700 West				м м 08	1	D 18)23	Y						
Ī	City	State	Zip Code		Trans	sact	ion ID	: A2023-1	884	969							
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PAGE 240 OF

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PAGE 241 OF

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Α.	Full Name of Individual (Last, First, Middle Initial) Skinner, Gloria, J, Mrs., Mailing Address 1685 North 700 West	or Full O	rgar	nization Name		Date	М	Rec	D	t 01	/	Y)23	Y					
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B.	Full Name of Individual (Last, First, Middle Initial) Skinner, Gloria, J, Mrs.,	nization Name	Date of Receipt																	
	Mailing Address 1685 North 700 West			1	09 / 15 / 2023															
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с.	Full Name of Individual (Last, First, Middle Initial) Skinner, Gloria, J, Mrs.,	or Full O	rgar	nization Name		Date	of F	Red	ceipt	1										
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			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC										
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Mailing Address 1685 North 700 West			10 / Y Y Y Y 10 13 2023								
City Columbus	State IN	Zip Code 47201	Transaction ID : A2023-2294549 Amount of Each Receipt this Period								
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Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) or Vice President	Memo Item								
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Mailing Address 1685 North 700 West			10 / Y Y Y Y 27 2023								
City Columbus	State IN	Zip Code 47201	Transaction ID : A2023-2353835 Amount of Each Receipt this Period								
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Mailing Address 1685 North 700 West			M M / D D / Y Y Y Y 11 10 / 2023								
City Columbus	State IN	Zip Code 47201	Transaction ID : A2023-2465155								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 243 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	, [11c		12							
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	Select Medical Corporation PAC															
A.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr., Mailing Address 5200 Topaz Ct	le Initial) or Full Organization Name					Date of Receipt									
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	City Flower Mound	State TX		Zip Code 75022-8143	_	Transaction ID : A2023-1633277 Amount of Each Receipt this Period										
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В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Skinner, Jon, C, Mr.,						Date of Receipt									
	Mailing Address 5200 Topaz Ct															
	City	State	Zip Code		Transaction ID : A2023-1635720											
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PAGE 244 OF

299

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SCHEDULE A	(FEC Form 3X)
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PAGE 245 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13	11b	11c	12 16	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
$\left[\right]$	NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC														
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Skinner, Jon, C, Mr.,					Date of Receipt									
	Mailing Address 5200 Topaz Ct	State	Zip Code		08	1	8 / Y	2023	Y						
	Flower Mound	TX	75022-8143		Transaction ID : A2023-1885004 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						115	.39						
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President		N	lemo Item									
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Other (specify) ▼		1961.63												
в.	Full Name of Individual (Last, First, Middle Initia Skinner, Jon, C, Mr.,		Date of Receipt 09 01 2023												
	Mailing Address 5200 Topaz Ct														
	City Flower Mound	State TX	Zip Code 75022-8143		Transaction ID : A2023-1924779 Amount of Each Receipt this Period 115.39 Memo Item										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ce President												
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	Mailing Address 5200 Topaz Ct		09 / 15 / Y Y Y Y 2023												
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	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President		Memo Item										
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	the name and ac	ddress of any political committe	person for the purpose of soliciting contribution be to solicit contributions from such committee.
Skinner, Jon, C, Mr., Mailing Address 5200 Topaz Ct City Flower Mound	State TX	Zip Code 75022-8143	Date of Receipt 09 29 2023 Transaction ID : A2023-2130263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	pation (for Individual) President Year-to-Date ▼ 2461.64	192.31
Full Name of Individual (Last, First, Middle Skinner, Jon, C, Mr., Mailing Address 5200 Topaz Ct City Flower Mound FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	State TX C Occu Vice	Zip Code 75022-8143	Date of Receipt 10 13 2023 Transaction ID : A2023-2294525 Amount of Each Receipt this Period 192.31 Memo Item

Maining Address 5200 Topaz Ct			10 ^M /	27 2023					
City	State	Zip Code	Transaction ID : A2023-2353870						
Flower Mound	TX	75022-8143	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C			192.31					
Name of Employer (for Individual) Select Medical Corporation		ation (for Individual) esident	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2846.26							
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299

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SCHEDULE A	(FEC Form	3X)
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PAGE 247 OF

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	NAME OF COMMITTEE (In Full)												
	Select Medical Corporation PAC	;											
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name										
Α.	Skinner, Jon, C, Mr.,				Date of	f Re	eceipt						
	Mailing Address 5200 Topaz Ct				м м 11	/	D 10	D / Y		23	Y		
	City	State	Zip Code		Trans	sact	ion ID :	A2023-2	24651	30			
	Flower Mound	ТХ	75022-8143		Amoun	t of	Each R	Receipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С						7		192.3	1		
	Name of Employer (for Individual)	Осси	upation (for Individual)		М	emo	o Item						
	Select Medical Corporation		President										
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	Primary General	Ayyreyale		- 11									
	Other (specify) V	L	3038.57	4									
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name										
Β.	Skinner, Jon, C, Mr.,				Date of	f Re	eceipt						
	Mailing Address 5200 Topaz Ct					11 224 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code		Trans	act	ion ID :	A2023-2	5875	37			
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	Primary General Other (specify) ▼		3230.88	1									
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	Mailing Address 5200 Topaz Ct				12 08 2023								
	City	State	Zip Code		Trans	sact	tion ID :	A2023-2	27263	372			
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PAGE 248 OF

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	Mailing Address 5200 Topaz Ct				^M 12	/	22		y y 2023	Y				
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	Name of Employer (for Individual)	Occi	upation (for Individual)		M	emc	ttem							
	Select Medical Corporation	Vice	President											
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SCHEDULE A	(FEC Form 3X)
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PAGE 249 OF

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	y information copied from such Reports and State for commercial purposes, other than using the na					fo				se of								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																	
Α.	Full Name of Individual (Last, First, Middle Initial) Sloterbeek, Meridell, , Mrs., Mailing Address 164 E Dawn Dr) or Full Oi	rga	nization Name		_	ate of	f Re	_	ipt 04			023	Y				
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	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	Pro	tion (for Individual) esident ar-to-Date ▼ 3076.96			М	emo	o Ite	эm								
	Full Name of Individual (Last, First, Middle Initial) Sloterbeek, Meridell, , Mrs.,) or Full Oi	rga	nization Name		D	ate of	f Re	ecei	pt								
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C.	Full Name of Individual (Last, First, Middle Initial) Sloterbeek, Meridell, , Mrs.,) or Full Oi	rga	nization Name		D	ate of	f Re	ecei	pt								
	Mailing Address 164 E Dawn Dr	01-1-		7. 0.1		L	09	/	L	01	_ L	20	023	Y				
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				Occupation (for Individual) Vice President						Memo Item								
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\setminus	NAME OF COMMITTEE (In Full)																		
$\Big)$	Select Medical Corporation PAC																		
Α.	Full Name of Individual (Last, First, Middle Initial) Sloterbeek, Meridell, , Mrs.,	or Full O	rgar	nization Name	Date of Receipt 09 / 15 / 2023 Transaction ID : A2023-2036969														
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	Other (specify) ▼		-	3480.82															
B.	Full Name of Individual (Last, First, Middle Initial) Sloterbeek, Meridell, , Mrs.,	or Full O	rgar	nization Name		Date o	f Re	ece	əipt										
	Mailing Address 164 E Dawn Dr							09 / D D / Y Y Y Y 2023											
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С.	Full Name of Individual (Last, First, Middle Initial) Sloterbeek, Meridell, , Mrs.,	or Full O	rgar	nization Name		Date o	f Re	ece	eipt										
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PAGE 250 OF

299

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A.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	l) or Full O	rgai	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 164 E Dawn Dr					м м 10	/	ľ	D D D 27	/ Y	ү 20)23	Y				
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с.	Full Name of Individual (Last, First, Middle Initia Sloterbeek, Meridell, , Mrs.,	l) or Full O	rgai	nization Name		Date o	f Re	ecei	ipt								
	Mailing Address 164 E Dawn Dr					^M 11	/	ľ	D D D 24	/ Y)23	Y				
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	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President				M	emo	o Ite	em								
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PAGE 251 OF

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SCHEDULE A	(FEC	Form	3X)
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Full Name of Individual (Last, First, Middle Initial) or F A. Sloterbeek, Meridell, , Mrs., Mailing Address 164 E Dawn Dr	Date of Receipt									
City Stat Tempe AZ		Transaction ID : A2023-2726344 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.		19.24								
Name of Employer (for Individual) Select Medical Corporation Receipt For: Aggreen and the second	Occupation (for Individual) Vice President egate Year-to-Date ▼ 3596.26	Memo Item								
B. Full Name of Individual (Last, First, Middle Initial) or B Mailing Address 164 E Dawn Dr	Date of Receipt									
City Stat Tempe AZ FEC ID number of contributing federal political committee.		Transaction ID : A2023-2802109 Amount of Each Receipt this Period 19.24								
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President egate Year-to-Date ▼ 3615.50	Memo Item								
C. Full Name of Individual (Last, First, Middle Initial) or F Mailing Address 3289 Rolari Drive		Date of Receipt								
Taneytown MI FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Select Medical Corporation Descript Form		Transaction ID : A2023-2465151 Amount of Each Receipt this Period 115.39 Memo Item								
SUBTOTAL of Receipts This Page (optional)		153.87								

PAGE 252 OF

299

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PAGE 253 OF

		for each category of the Detailed Summary Page		< 11a			11b	11c		12								
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
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	Mailing Address 3289 Rolari Drive					[™] 11	М	/	D 24			2023	Y					
	City	State		Zip Code		Tra	nsa	cti	on ID :	A2023-	2587	7558						
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	Primary General	7 .99. 09. 10																
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В.	Full Name of Individual (Last, First, Middle Initi Smith, Chad, S, Mr.,	al) or Full O	Drga	nization Name		Date	of I	Re	ceipt									
	Mailing Address 3289 Rolari Drive					12		/	D 1			023	Y					
	City	State		Zip Code	Transaction ID : A2023-2726333													
	Taneytown	MD		21787						Receipt								
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Full Name of Individual (Last, First, Middle In Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road City Mechanicsburg	State PA	Zip Code 17055	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) President Year-to-Date ▼ 1615.46	115.39 Memo Item
Full Name of Individual (Last, First, Middle In Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road City Mechanicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055	Date of Receipt
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Aggregate	upation (for Individual) ⇒ President Year-to-Date ▼ 1730.85	Memo Item
C. Full Name of Individual (Last, First, Middle In Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road	itial) or Full Or	Zip Code	Date of Receipt 08 04 2023 Transaction ID : A2023-1679301

2023 1679301 PA Mechanicsburg 17055 Amount of Each Receipt this Period FEC ID number of contributing С 115.39 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1846.24 Other (specify) 346.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)......

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Full Name of Individual (Last, First, Middle Ir A. Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road	nitial) or Full C	Organization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	08 18 2023 Transaction ID : A2023-1884977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President Year-to-Date ▼ 1961.63	Memo Item
Full Name of Individual (Last, First, Middle Ir B. Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road City Mechanicsburg	State	Drganization Name Zip Code 17055	Date of Receipt 09 09 Transaction ID : A2023-1924752 Amount of Each Receipt this Period
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Mechanicsburg FEC ID number of contributing federal political committee.	PA	17055	Amount of Each Receipt this Period 115.39
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	Select Medical Corporation PAG	C		
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	Mailing Address 1619 Fox Hollow Road			M M / D D / Y Y Y Y Y 09 29 2023
	City	State	Zip Code	Transaction ID : A2023-2130235
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
	Select Medical Corporation		e President	
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	Primary General	Ayyreyale		
	Other (specify) v	1	2307.80	
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_	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Organization Name	
В.	, , , , ,			Date of Receipt
	Mailing Address 1619 Fox Hollow Road			10 / D D / Y Y Y Y Y 10 13 2023
	City	State	Zip Code	Transaction ID : A2023-2294557
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Select Medical Corporation	Vice	e President	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		2422.40	
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C.	Full Name of Individual (Last, First, Middle Init Stover, Justin, E, ,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1619 Fox Hollow Road			M M / D D / Y Y Y Y 10 27 2023
	City	State	Zip Code	Transaction ID : A2023-2353843
	Mechanicsburg	PA	17055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.39
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) President	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	55 - 5		
	Other (specify)		2538.58	
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation PA			
Full Name of Individual (Last, First, Middle A. Stover, Justin, E, ,	Initial) or Full (Drganization Name	Date of Receipt
Mailing Address 1619 Fox Hollow Road			11 10 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2465163 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	e President e Year-to-Date ▼ 2653.97	Memo Item
Full Name of Individual (Last, First, Middle B. Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road City Mechanicsburg	Initial) or Full (State PA	Drganization Name Zip Code 17055	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	cupation (for Individual)	115.39 Memo Item
Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vic	e President e Year-to-Date ▼ 2769.36	
C. Full Name of Individual (Last, First, Middle Stover, Justin, E, , Mailing Address 1619 Fox Hollow Road	Initial) or Full (Drganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	12 08 2023 Transaction ID : A2023-2726345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) e President	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2884.75	1

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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to sol	icit co	ntribı	utions	from suc	ch com	nmittee	Э.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_													
	Select Medical Corporation PAC	2													
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Prganization Name												
Α.	Stover, Justin, E, ,			Date of Receipt											
	Mailing Address 1619 Fox Hollow Road			12 / D D / Y Y Y Y 12 22 2023											
	City	State	Zip Code		Trans	acti	on ID :	A2023-	28021 [.]	10					
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President		М	emo	Item								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify) ▼		3000.00												
В.	Full Name of Individual (Last, First, Middle Init Streepy, Kurt, S, Mr.,	ial) or Full O	organization Name		Date o	f Red	ceipt								
	Mailing Address 3128 Mattatha Drive				м м 07	/	07		202	у у З					
	City	State	Zip Code		Trans	actio	on ID :	A2023-	163325	54					
	Bloomington	IN	47401	A	moun	t of I	Each F	Receipt t	his Pe	riod					
	FEC ID number of contributing federal political committee.	С					<u> </u>		1	115.39)				
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President		M	emo	Item								
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	Primary General Other (specify) ▼		1615.46]											
С.	Full Name of Individual (Last, First, Middle Init Streepy, Kurt, S, Mr.,	ial) or Full O	organization Name		Date o	f Red	ceipt								
	Mailing Address 3128 Mattatha Drive				^M 07	/	D 21	D / 1	202		1				
	City Bloomington	State IN	Zip Code 47401	A				: A2023- Receipt t							
	FEC ID number of contributing federal political committee.	С					9	. ,	1	115.39)				
	Name of Employer (for Individual) Select Medical Corporation		М	emo	Item										
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1730.85]												

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 259 OF

299

	for each category of the Detailed Summary Page		11a		11b	11c	12	17		
Any information copied from such Reports and or for commercial purposes, other than using the				or the		pose o	f soliciting	g contribu	utions	
NAME OF COMMITTEE (In Full) Select Medical Corporation PA	AC									
Full Name of Individual (Last, First, Middle I Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive City Bloomington FEC ID number of contributing federal political committee.	rganization Name Zip Code 47401	Date of Receipt 08 04 2023 Transaction ID : A2023-1679305 Amount of Each Receipt this Period 115.39								
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Sen	upation (for Individual) ior Vice President Year-to-Date ▼ 1846.24		N	1emo	o Item				
B. Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive	08 18 2023						Y			
City Bloomington FEC ID number of contributing federal political committee.	Ioomington IN 47401 EC ID number of contributing deral political committee. C C ame of Employer (for Individual) elect Medical Corporation Occupation (for Individual) Senior Vice President				Transaction ID : A2023-1884981 Amount of Each Receipt this Period					
Full Name of Individual (Last, First, Middle I Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive City Bloomington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State IN C Occu Seni	rganization Name Zip Code 47401 upation (for Individual) or Vice President Year-to-Date ▼ 2077.02		Amour	sact	01 tion ID			d	
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form ITEMIZED RECEIPTS	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 OF 299 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Select Medical Corporat										
Full Name of Individual (Last, First, A. Streepy, Kurt, S, Mr.,	,	Drganization Name	Date of Receipt							
Mailing Address 3128 Mattatha Driv	9		09 15 2023							
City Bloomington	State IN	Zip Code 47401	Transaction ID : A2023-2036974 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		115.39							
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President	Memo Item							
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Full Name of Individual (Last, First, B. Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Driv	-	Organization Name	Date of Receipt							
City	State	Zip Code	Transaction ID : A2023-2130239							
Bloomington FEC ID number of contributing federal political committee.	C	47401	Amount of Each Receipt this Period 115.39							
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) nior Vice President	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2307.80]							
Full Name of Individual (Last, First, C. Streepy, Kurt, S, Mr.,	Middle Initial) or Full (Organization Name	Date of Receipt							
Mailing Address 3128 Mattatha Driv	e State	Zip Code	M M / D / Y							
Bloomington	IN	47401								
FEC ID number of contributing federal political committee.	C		115.39							
Name of Employer (for Individual) Select Medical Corporation Receipt For:	Ser	upation (for Individual) nor Vice President Year-to-Date ▼	Memo Item							

2423.19

100

Primary

Other (specify)

General

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			person for the purpose of soliciting contribution e to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC		
Full Name of Individual (Last, First, Middle Streepy, Kurt, S, Mr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3128 Mattatha Drive			10 / Y Y Y Y 2023
City Bloomington	State IN	Zip Code 47401	Transaction ID : A2023-2353847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) for Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2538.58]
Full Name of Individual (Last, First, Middle S. Streepy, Kurt, S, Mr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3128 Mattatha Drive			11 10 2023
City Bloomington	State IN	Zip Code 47401	Transaction ID : A2023-2465167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2653.97]
Full Name of Individual (Last, First, Middle Streepy, Kurt, S, Mr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3128 Mattatha Drive	State	Zip Code	11 / 24 / 2023 Transaction ID : A2023-2587514
Bloomington	IN	47401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item

346.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1 4p 1 4p -

2769.36

Senior Vice President

Aggregate Year-to-Date ▼

Select Medical Corporation

Other (specify)

General

Receipt For:

Primary

299

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
	the name and a		person for the purpose of soliciting contributions the to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle A. Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive		rganization Name	Date of Receipt
City Bloomington	State IN	Zip Code 47401	Transaction ID : A2023-2726349 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Sen	upation (for Individual) ior Vice President Year-to-Date ▼ 2884.75	Memo Item
Full Name of Individual (Last, First, Middle Streepy, Kurt, S, Mr., Mailing Address 3128 Mattatha Drive	Initial) or Full O	rganization Name	Date of Receipt
City Bloomington	State IN	Zip Code 47401	12 22 2023 Transaction ID : A2023-2802114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.25
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Sen	upation (for Individual) nior Vice President Year-to-Date ▼ 3000.00	Memo Item
Full Name of Individual (Last, First, Middle Tarvin, Michael, E, Mr., Mailing Address 117 Willow Lake Dr	Initial) or Full O	rganization Name	Date of Receipt
City Carlisle	State PA	Zip Code 17015-9164	Transaction ID : A2023-2224586 Amount of Each Receipt this Period
FEC ID number of contributing	\mathbf{C}		5000.00

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Aggregate Year-to-Date ▼

Occupation (for Individual)

5000.00

Executive Vice President

С

federal political committee.

Select Medical Corporation

Other (specify)

Receipt For:

Primary

Name of Employer (for Individual)

General

299

17

Memo Item

5000.00

5230.64

1.000

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 263 OF

299

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\backslash	NAME OF COMMITTEE (In Full)															
	Select Medical Corporation PA	C														
Α.	Full Name of Individual (Last, First, Middle Ir Tavenner, Marilyn, B, ,	nitial) or Full C	Organization Name		Date o	of Re	eceipt									
	Mailing Address 13600 Butler Rd				M 11	/	28		2023	Y						
	City	State	Zip Code		Tran	sact	ion ID	: A2023-2	552055							
	Amelia Courthouse	VA	23002-2954		Amour	nt of	Each	Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С						1.7	2500.	00						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ecutive		N	lemo	b Item									
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	Primary General	Aggregate		11.												
	Other (specify)		2500.00	4												
В.	Full Name of Individual (Last, First, Middle Ir Tenenbaum, Jordan, D, ,		Date of	of Re	eceipt											
	Mailing Address 11231 Mosley Hill Dr						10 17 2023									
	City	State	Zip Code	Transaction ID : A2023-2301936												
	Creve Coeur	MO	63141-7622	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	ů l						500.00								
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
— c.	Full Name of Individual (Last, First, Middle Ir Thomas, Dan, , ,	l hitial) or Full C	Organization Name		Date o	of Be	eceipt									
•	Mailing Address 5603 Chamberlyne Dr			Date of Receipt												
	City	State	Zip Code		Tran	sact	ion ID	: A2023-2	552053							
	Frisco	TX	75034		Amour	nt of	Each	Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С		5000.00												
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) rd Member	Memo Item												
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	. iggi oguto														
	Other (specify)		5000.00													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 264 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and State for commercial purposes, other than using the na			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC							
A .	Full Name of Individual (Last, First, Middle Initial) Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Date of Receipt						
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	State PA C	ganization Name Zip Code 17963-8839 pation (for Individual) President /ear-to-Date ▼ 1730.85	Date of Receipt				
C.	Name of Employer (for Individual) Select Medical Corporation	State PA C Occup Vice F	, , ,	Date of Receipt 08 / 04 / 2023 Transaction ID : A2023-1679286 Amount of Each Receipt this Period 115.39 Memo Item				
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SCHEDULE A	(FEC Form 3X)
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PAGE 265 OF

ITEMIZED RECEIPTS			category of the Summary Page		11a 13	11b	11c	12 16	17					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.														
$\left[\right]$	NAME OF COMMITTEE (In Full)													
\backslash	Select Medical Corporation PAC	;												
Α.	Full Name of Individual (Last, First, Middle Initi Umbenhauer, Kristy, J, ,	al) or Full C	rganization N	Name		Date of	f Receipt							
	Mailing Address 619 Suedberg Rd Suite 1050 City	State	Zip Cod	le l		08		8 / Y	2023	Y				
	Pine Grove	PA	17963					Receipt th		ł				
	FEC ID number of contributing federal political committee.	C						-	115	.39				
	Name of Employer (for Individual) Select Medical Corporation		upation (for I President	ndividual)		M	emo Item	l						
	Receipt For:	Aggregate	Year-to-Date	•										
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в.	Full Name of Individual (Last, First, Middle Initi Umbenhauer, Kristy, J, ,		Date of	f Receipt										
	Mailing Address 619 Suedberg Rd Suite 1050	619 Suedberg Rd						09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Pine Grove	State PA	Zip Cod 17963-			924737 nis Period	ł							
	FEC ID number of contributing federal political committee.					115	.39							
	Name of Employer (for Individual) Select Medical Corporation		upation (for I e President	Individual)		M								
	Receipt For: Primary General Other (specify) ▼	eral Aggregate Year-to-Date V 2077.02												
с.	Full Name of Individual (Last, First, Middle Initi Umbenhauer, Kristy, J, ,	al) or Full C	rganization N	Name		Date of	f Receipt							
	Mailing Address 619 Suedberg Rd Suite 1050					м м 09		D / Y	2023	Y				
	City Pine Grove	State PA	Zip Cod 17963-) : A2023-2						
	FEC ID number of contributing federal political committee.	FEC ID number of contributing					Amount of Each Receipt this Period							
				ndividual)		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2192.41												
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SCHEDULE A	(FEC Form 3X)
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PAGE 266 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		< 11a 13		11b	11c	12		
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NAME OF COMMITTEE (In Full) Select Medical Corporation F	PAC								
Full Name of Individual (Last, First, Middle A. Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Vice	Zip Code 17963-8839 upation (for Individual) e President Year-to-Date ▼ 2307.80		Amoun	sacti	29 ion ID :	A2023-2	2023 2130220 his Period 115	d
Full Name of Individual (Last, First, Middle Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	State PA C Vice	Zip Code 17963-8839 upation (for Individual) e President Year-to-Date ▼ 2423.19		Amoun	acti t of	13	A2023-2	2023 2294542 his Period 115	d
Full Name of Individual (Last, First, Middle Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	State PA C Vice	Zip Code 17963-8839 upation (for Individual) President Year-to-Date ▼ 2538.58		Amoun	sact	27 ion ID :	A2023-:	2023 2353827 his Period 115	d
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SCHEDULE A	(FEC Form 3X)
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PAGE 267 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Select Medical Corporation P.	AC		
Full Name of Individual (Last, First, Middle A. Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼ Other (specify) ▼	State PA C	rganization Name Zip Code 17963-8839 upation (for Individual) e President Year-to-Date ▼ 2653.97	Date of Receipt
Full Name of Individual (Last, First, Middle Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specific)	State PA C	rganization Name Zip Code 17963-8839 upation (for Individual) e President Year-to-Date ▼ 2769,36	Date of Receipt
C. Full Name of Individual (Last, First, Middle Umbenhauer, Kristy, J, , Mailing Address 619 Suedberg Rd Suite 1050 City Pine Grove FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For:	State PA C		Date of Receipt 12 08 2023 Transaction ID : A2023-2726329 Amount of Each Receipt this Period 115.39 Memo Item
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb		2884.75	346.17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 268 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12						
				13		14	15	16						
Any information copied from such Reports a or for commercial purposes, other than usir														
NAME OF COMMITTEE (In Full)														
Select Medical Corporation	PAC													
Full Name of Individual (Last, First, Mide A. Umbenhauer, Kristy, J, ,	lle Initial) or Full C	organization Name		Date o	f Re	eceipt								
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Suite 1050	01-1-	7 ' 0	_	12		22		2023						
City Pine Grove	State PA	Zip Code 17963-8839					: A2023-2	2802094 his Perioc	4					
FEC ID number of contributing federal political committee.	С							115						
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) e President		Memo Item										
Receipt For:	Aggregate	Year-to-Date V												
Primary General			11.											
Other (specify) V		3000.00												
Full Name of Individual (Last, First, Mide B. Veit, Joel, T, Mr.,	lle Initial) or Full C	Prganization Name		Date o	f Re	eceipt								
Mailing Address 2401 Ascott Way				10 06 2023										
City	State	Zip Code		Trans	2224587									
Mechanicsburg	PA	17055		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	°								.00					
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) nior Vice President		М	emo	o Item								
Receipt For:	Aggregate	Year-to-Date V												
Other (specify) ▼		3000.00												
Full Name of Individual (Last, First, Mido C. Viggiano, Anthony, J, Mr.,	lle Initial) or Full C	organization Name		Date o	f Re	eceipt								
Mailing Address 1973 Armstong Drive				м м 07	/	07		2023	Y					
City	State	Zip Code		Trans	sact	ion ID	: A2023-1	1633245						
Lansdale	PA	19446		Amoun	t of	Each F	Receipt th	his Period	ł					
FEC ID number of contributing federal political committee.	C			<u> </u>		y	,	115	.39					
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)													
Select Medical Corporation	Vice	President of Work Strategies												
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)														
SUBTOTAL of Receipts This Page (option	al)		•					3230	.64					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

• •	EIMIZED RECEIPTS			Or each category of the Detailed Summary Page		K 1	1a		11b	1	1c		12	_	_	
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	y information copied from such Reports and Sta for commercial purposes, other than using the														i	
\backslash	NAME OF COMMITTEE (In Full)															
	Select Medical Corporation PAC	;														
A.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr.,	nization Name	Date of Receipt													
	Mailing Address 1973 Armstong Drive	Chata		Zin Oada		M	07	<i>'</i>	21	1	Y	20)23	Y		
	City Lansdale	State PA		Zip Code 19446	Transaction ID : A2023-1635688											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 115.39 Memo Item											
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) esident of Work Strategies												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	rr-to-Date ▼ 1730.85												
B.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr.,	al) or Full C	Orga	nization Name		Da	te of	Re	eceipt							
	Mailing Address 1973 Armstong Drive				08 04 2023											
	City		Transaction ID : A2023-1679296													
	Lansdale	PA		19446		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.								115.39							
	Name of Employer (for Individual) Select Medical Corporation	Occ Vice		Ļ	M	emc	Item									
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr.,	al) or Full C	Orga	nization Name		Da	te of	Re	eceipt							
	Mailing Address 1973 Armstong Drive					M	08	1	D 18		Y		23	Y		
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	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1961.63	1											
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o								, . , .	+	,	+	346.1	17		

PAGE 269 OF

299

FOR LINE NUMBER:

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 270 OF

ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Stat for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Select Medical Corporation PAC													
Α.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr., Mailing Address 1973 Armstong Drive	l) or Full O	Organization Name	Date of Receipt										
	City Lansdale	State PA	Zip Code 19446	Transaction ID : A2023-1924747 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		115.39										
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	upation (for Individual) e President of Work Strategies Year-to-Date ▼ 2077.02	Memo Item										
В.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr., Mailing Address 1973 Armstong Drive	Drganization Name	Date of Receipt 09 / 15 / 2023 Transaction ID : A2023-2036965											
	Lansdale FEC ID number of contributing federal political committee.	РА	19446	Amount of Each Receipt this Period										
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Vice	President of Work Strategies Year-to-Date ▼ 2192,41	Memo Item										
C.	Full Name of Individual (Last, First, Middle Initia Viggiano, Anthony, J, Mr., Mailing Address 1973 Armstong Drive	l) or Full O	organization Name	Date of Receipt										
	City	State	Zip Code	09 29 2023 Transaction ID : A2023-2130230										
	Example Lansdale FEC ID number of contributing federal political committee.	РА	19446	Amount of Each Receipt this Period										
	Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify)	Vice	upation (for Individual) President of Work Strategies Year-to-Date ▼ 2307.80	Memo Item										
s	SUBTOTAL of Receipts This Page (optional)													
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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

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PAGE 271 OF

299

ITEMIZED RECEIPTS				for each category of the Detailed Summary Page		×	11a 13		11b	-	11c 15		12 16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n						or the		rpose		soliciting	g cont	tributi	ions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC																
/	Full Name of Individual (Last, First, Middle Initial) or Full O)rga	anization Name						_							
Α.						D	ate o	of R	leceipt	t							
	Mailing Address 1973 Armstong Drive					ľ	M M			13	/ Y	202	ү 23	Y			
	City	State		Zip Code		2	Trans	sac	tion II	D :	A2023-2	2945	52				
	Lansdale	PA		19446	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	_		115.39												
	Name of Employer (for Individual)		•	ation (for Individual)	Memo Item												
	Select Medical Corporation			resident of Work Strategies													
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2423.19																
— R	Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,) or Full O)rga	anization Name			ate o	of R	eceipt								
υ.	Mailing Address 1973 Armstong Drive		_		M M M		/ D	۰ 27	' / Y	202	Y 23	Y					
	City	State		Zip Code		Transaction ID : A2023-2353838											
	Lansdale		19446	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.								115.39								
	Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Work Strategies						Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	gate Year-to-Date ▼ 2538.58														
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,) or Full O)rga	anization Name		D	ate o	of R	eceipt	t.							
	Mailing Address 1973 Armstong Drive	1				l	[™] 11			10 ^D		202	23	Y			
	City Lansdale	State PA		Zip Code							A2023-2						
	Lansdale PA 19446 FEC ID number of contributing federal political committee. C						Amount of Each Receipt this Period										
	Name of Employer (for Individual) Select Medical Corporation		•	ation (for Individual) resident of Work Strategies			N	1em	no Iten	n							
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ear-to-Date ▼ 2653.97													
	UBTOTAL of Receipts This Page (optional)			•	 				9		,		346.1	7			

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 272 OF

			D	Detailed Summary Page		11a 13		11b 14	,	11c	12		17			
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the				soliciting	g contril	butio	ons			
$\overline{)}$	NAME OF COMMITTEE (In Full)															
	Select Medical Corporation PAC															
Α.	Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,) or Full Or	rgan	ization Name	Date of Receipt											
	Mailing Address 1973 Armstong Drive				11 / 24 / Y Y Y Y Y 11 24											
	City	State		Zip Code		Tran	sact	ion	ID :	A2023-2	587565	;				
	Lansdale	PA		19446	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			115.39											
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident of Work Strategies	Dies Memo Item											
	Receipt For:	Aggregate `	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	2769.36												
в.	Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,) or Full Or	rgan	ization Name		Date c	of Re	eceip	ot							
	Mailing Address 1973 Armstong Drive							D	08	/ Y	2023	_	ŕ			
	City	State		Zip Code						A2023-2						
	Lansdale	PA		19446	_	Amour	t of	Eac	:h R	eceipt th	is Perio	bc				
	FEC ID number of contributing federal political committee.	С	_			115.39										
	Name of Employer (for Individual) Select Medical Corporation		•	ion (for Individual) esident of Work Strategies	Memo Item											
		Aggregate `	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		,	2884.75												
с.	Full Name of Individual (Last, First, Middle Initial Viggiano, Anthony, J, Mr.,) or Full Or	rgan	ization Name		Date c	of Re	eceip	ot							
	Mailing Address 1973 Armstong Drive	1				^M 12	/	D	22	/ Y	2023		Ý			
	City Lansdale	State PA		Zip Code 19446						A2023-2						
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	FEC ID number of contributing federal political committee.	С	_					9	_		11	5.2	5			
	Name of Employer (for Individual) Select Medical Corporation		•	on (for Individual) sident of Work Strategies		N	lemo	o Ite	m							
		Aggregate `	Yea	r-to-Date ▼												
	Other (specify)		-	3000.00												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 273 OF

11	EMIZED RECEIPTS	for each category of the Detailed Summary Page				K 11a	а [11b	11c					
Ar	y information copied from such Reports and SI	atements m	l ay no	ot be sold or used by any pe	erson	13 for th	ne p	Jurp	14 Dose o	f solicitin	g contri		17 Dns		
or	for commercial purposes, other than using the	name and a	addre	ess of any political committee	e to s	olicit	con	trib	utions	from suc	h comn	nitte	е.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC)													
A.	Full Name of Individual (Last, First, Middle Init Weigl, Christopher, , ,	ial) or Full C	Orgar	nization Name		Date of Receipt									
	Mailing Address 4714 Gettysburg Rd														
	City Mechanicsburg	State PA		Zip Code 17055											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) Select Medical Corporation		cupati ecutiv	ion (for Individual) re		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	r-to-Date ▼ 2692.34												
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Weigl, Christopher, , ,						of	Re	ceipt						
	Mailing Address 4714 Gettysburg Rd						7 ^M	/	D 21	D / Y	2023				
	City Mechanicsburg	State PA		Zip Code 17055						: A2023-1 Receipt t					
	FEC ID number of contributing federal political committee.									1 7	19	2.3	1		
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive						emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.65											
— c.	Full Name of Individual (Last, First, Middle Init Weigl, Christopher, , ,		Date	of	Re	ceipt									
	Mailing Address 4714 Gettysburg Rd					0	8 ^M	/	D 04		2023		ſ		
	City Mechanicsburg	State PA		Zip Code 17055						: A2023-					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive Aggregate Year-to-Date ▼ 3076.96					Memo Item								
	Receipt For: Primary General Other (specify)														
s	UBTOTAL of Receipts This Page (optional)			•		Ē			9		57	6.9	3		
т	OTAL This Period (last page this line number of	only)		•••••	•				,			-			

ITEMIZED RECEIPTS	SCHEDULE A (FEC Form 3X)	
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FOR LINE NUMBER:

PAGE 274 OF

299

17			Use separate schedule(s)	(check only one)											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12	Г						
A	ny information copied from such Reports and Sta	itements ma	ay not be sold or used by any pe	rson for t		14 Irpose of	15 soliciting	g contri		17 ns					
	for commercial purposes, other than using the r														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	Select Medical Corporation PAC														
A.	Full Name of Individual (Last, First, Middle Initia Weigl, Christopher, , ,	al) or Full O	rganization Name	Date	e of F	Receipt									
	Mailing Address 4714 Gettysburg Rd			M	M / D / Y										
	City	State	Zip Code	Tra	ansad	tion ID :	A2023-1	1885017	7						
	Mechanicsburg	PA	17055	Amo	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						19	92.31						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive		Men	no Item									
	Receipt For:	Aggregate	Year-to-Date ▼	-											
	Primary General	1.99.094.0													
	Other (specify) ▼	L	3269.27												
В.	Full Name of Individual (Last, First, Middle Initia Weigl, Christopher, , ,	al) or Full O	rganization Name	Date	e of F	Receipt									
	Mailing Address 4714 Gettysburg Rd			M C)9	/ D 01	D / Y	2023		1					
	City	State	Zip Code	Tra	ansac	tion ID :	A2023-1	924792	2						
	Mechanicsburg	PA	17055	Amo	ount c	of Each F	Receipt th	his Peri	iod						
	FEC ID number of contributing federal political committee.	С				-		19	92.31						
	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive		Men	no Item									
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		3461.58												
<u> </u>	Full Name of Individual (Last, First, Middle Initia Weigl, Christopher, , ,	al) or Full O	rganization Name	Date	e of F	Receipt									
	Mailing Address 4714 Gettysburg Rd			M)9	/ 15		2023	Y = Y	1					
	City	State	Zip Code	Tr	ansad	ction ID	: A2023-2	203701	2						
	Mechanicsburg	PA	17055	Amo	ount c	of Each F	Receipt th	his Peri	od						
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	Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive		Men	no Item									
	Receipt For:	Aggregate	Year-to-Date ▼ 3653.89]											
s	UBTOTAL of Receipts This Page (optional)		•			,	5	57	76.93						

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

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

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SCHEDULE A (FEC Form 3X	.)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 275 OF (check only one)
TEMIZED RECEIPTS		for each category of the	\mathbf{X} 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle Select Medical Corporation P	PAC		
Full Name of Individual (Last, First, Middle	Initial) or Full C	Drganization Name	Data of Doppint
Mailing Address 4714 Gettysburg Rd			Date of Receipt
Walling Address 4/14 Gettysburg Rd			09 29 2023
City	State	Zip Code	Transaction ID : A2023-2130277
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Select Medical Corporation	Exe	ecutive	
Receipt For:	Aggregate	Year-to-Date V	
Primary General		2040.20	1
Other (specify) ▼		3846.20	
Full Name of Individual (Last, First, Middle Weigl, Christopher, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			10 13 2023
City	State	Zip Code	Transaction ID : A2023-2294540
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.31
Name of Employer (for Individual)	000	cupation (for Individual)	Memo Item
Select Medical Corporation		ecutive	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify) v		4038.51	1
Full Name of Individual (Last, First, Middle Weigl, Christopher, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			10 27 2023
City	State	Zip Code	Transaction ID : A2023-2353885
Mechanicsburg	PA	17055	Amount of Each Receipt this Period

federal political committee.	C	
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Executive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4230.82	

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

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192.31 1 .

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)				
				y any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Select Medical Corporation PAC					
Α.	Full Name of Individual (Last, First, Middle Initia Weigl, Christopher, , , Mailing Address 4714 Gettysburg Rd	al) or Full (Drganization Name	Date of Receipt		
	City Mechanicsburg	State PA	Zip Code 17055	11 10 2023 Transaction ID : A2023-2465145 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		192.31		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4423.	.13		
в.	Full Name of Individual (Last, First, Middle Initia Weigl, Christopher, , , Mailing Address 4714 Gettysburg Rd	al) or Full (Drganization Name	Date of Receipt		
	City Mechanicsburg	State PA	Zip Code 17055	11 24 2023 Transaction ID : A2023-2587552 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		192.31		
	Name of Employer (for Individual) Select Medical Corporation Receipt For:	Ex	cupation (for Individual) ecutive • Year-to-Date ▼	Memo Item		
	Primary General Other (specify) ▼		4615.	44		
C.	Full Name of Individual (Last, First, Middle Initia Weigl, Christopher, , ,	al) or Full (Drganization Name	Date of Receipt		
	Mailing Address 4714 Gettysburg Rd			12 / D D / Y Y Y Y 12 08 / 2023		
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2726387 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		192.31		
	Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual)	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4807.	.75		

UBTOTAL of Receipts This Page (optional)							57	5.93	
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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 277 OF

299

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	ny information copied from such Reports and St for commercial purposes, other than using the												
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	Select Medical Corporation PAC	;											
Α.	Full Name of Individual (Last, First, Middle Init Weigl, Christopher, , , Mailing Address 4714 Gettysburg Rd			Date of Receipt									
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2802152									
			17055	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.25									
	Name of Employer (for Individual) Select Medical Corporation		pation (for Individual) cutive	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	1									
В.	, ,,,,	Date of Receipt											
	Mailing Address 4714 Gettysburg Rd	07 14 2023											
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1632869									
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Select Medical Corporation		ipation (for Individual) cutive	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1615.46]									
с.	Full Name of Individual (Last, First, Middle Init Werner, William, , ,	al) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 4714 Gettysburg Rd			07 / 28 / 2023									
	City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-1654993 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.39									
	Name of Employer (for Individual) Select Medical Corporation	Occu Exec	pation (for Individual) utive	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1730.85	1									
s	UBTOTAL of Receipts This Page (optional)			423.03									

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	(che	FOR LINE NUMBER: PAGE 278 OF (check only one) Integration X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	y not be sold or used by any p ddress of any political committee	erson f e to so	13 for the licit cor	purp	14 ose of utions f	15 soliciting rom suc	g co h co	16 ntributio mmittee		
NAME OF COMMITTEE (In Full) Select Medical Corporation P	AC										
Full Name of Individual (Last, First, Middle Werner, William, , , Mailing Address 4714 Gettysburg Rd	Initial) or Full O	rganization Name		Date of	Rec	·					
City	State	Zip Code		08 Trans	actic	11 on ID :	A2023-1	20	023 933		
Mechanicsburg FEC ID number of contributing federal political committee.	С	17055		Amount	of E	Each R	eceipt th	nis P	eriod 115.39		
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	Exec	upation (for Individual) cutive Year-to-Date ▼ 1846.24]	Me	emo	ltem					
Full Name of Individual (Last, First, Middle Werner, William, , , Mailing Address 4714 Gettysburg Rd	Initial) or Full O	rganization Name		Date of	Rec	ceipt	/ Y	20)23		
City Mechanicsburg FEC ID number of contributing federal political committee.	State PA	Zip Code 17055					A2023-1 leceipt th				
Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General	Exe	upation (for Individual) cutive Year-to-Date ▼ 1961.63		Me	emo	ltem					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Werner, William, , ,

Mailing Address 4714 Gettysburg Rd			09 08 2023
City	State PA	Zip Code	Transaction ID : A2023-2037013
Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation	C	ation (for Individual)	Amount of Each Receipt this Period 115.39 Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date 2077.02	
SUBTOTAL of Receipts This Page (optional)	346.17		
TOTAL This Period (last page this line number			

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soliciting contributions

Date of Receipt

299

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 279 OF

299

116			for each category of the Detailed Summary Page	X	-		11b	11c	12	r.							
	/ information copied from such Reports and S for commercial purposes, other than using the									outic							
	NAME OF COMMITTEE (In Full)		duress of any political committee					ITOTTI SUC		muee	J.						
	Select Medical Corporation PA	С															
Α.	Full Name of Individual (Last, First, Middle In Werner, William, , , Mailing Address 4714 Gettysburg Rd	tial) or Full O	ial) or Full Organization Name				Date of Receipt										
					09 22 2023												
	City	State PA	Zip Code		Transaction ID : A2023-2121679												
	Mechanicsburg	FA	17055	A	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.			_		.		11	5.39	}							
	Name of Employer (for Individual)	Occi	upation (for Individual)		М	emc	o Item										
	Select Medical Corporation	Exe	cutive														
	Receipt For:	Aggregate	Year-to-Date 🔻														
	Primary General	7.99.094.0		1.													
	Other (specify) v		2192.41														
	Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name														
	Werner, William, , ,				Date of	f Re	eipt										
	Mailing Address 4714 Gettysburg Rd			10 / P P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
	City	State	Zip Code					A2023-2									
	Mechanicsburg	PA	17055	A	moun	t of	Each F	Receipt th	nis Perio	bd							
	FEC ID number of contributing federal political committee.	С			_		7		11	5.39	}						
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emc	b Item										
	Select Medical Corporation		cutive														
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General	00 0		11.													
	Other (specify) V	L	2307.80														
C.	Full Name of Individual (Last, First, Middle In Werner, William, , ,	itial) or Full O	rganization Name		Date o	f Re	eceipt										
	Mailing Address 4714 Gettysburg Rd				^м 10	/	20		2023	Y	7						
	City	State	Zip Code		Trans	sact	ion ID	: A2023-2	2314419)	-						
	Mechanicsburg	PA	17055	A	moun	t of	Each F	Receipt th	nis Perio	bc							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual)	000	upation (for Individual)	-	M	lemo	o Item										
	Select Medical Corporation	Executive															
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General	7.99.094.0		1.													
	Other (specify)		2423.19														
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	nd Statements m g the name and a	ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
Select Medical Corporation	PAC		
Full Name of Individual (Last, First, Midd Werner, William, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			M = M / D = D / Y = Y = Y = Y 11 03 2023
City	State	Zip Code	Transaction ID : A2023-2379813
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		eupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2538.58]
Full Name of Individual (Last, First, Midd 3. Werner, William, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			11 17 2023
City	State	Zip Code	Transaction ID : A2023-2519609
Mechanicsburg	PA	17055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.39
Name of Employer (for Individual) Select Medical Corporation		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2653.97]
Full Name of Individual (Last, First, Midd C. Werner, William, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4714 Gettysburg Rd			12 01 2023
City Mechanicsburg	State PA	Zip Code 17055	Transaction ID : A2023-2601813 Amount of Each Receipt this Period
FEC ID number of contributing	C		115.39

Name of Employer (for Individual) Occupation (for Individual) Select Medical Corporation Executive Receipt For: Aggregate Year-to-Date ▼	
Receipt For: Aggregate Year-to-Date V	
Primary General Other (specify)	2769.36

SUBTOTAL of Receipts This Page (optional)		,		y	34	6.17	
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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 281 OF (check only one) (check 112 - 112) 11a 11b 11c 12 13 14 15 16
	g the name and a		person for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middl Werner, William, , , Mailing Address 4714 Gettysburg Rd	e Initial) or Full O	rganization Name	Date of Receipt
City Mechanicsburg	State PA	Zip Code 17055	Tz Tis 2023 Transaction ID : A2023-2802093 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.39
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.75]
Full Name of Individual (Last, First, Middl Williams, Brian, J, Mr., Mailing Address 9670 Rod Road	e Initial) or Full O	rganization Name	Date of Receipt
City Alpharetta	State GA	Zip Code 30022	07 07 2023 Transaction ID : A2023-1633237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual) Select Medical Corporation		upation (for Individual) ior Vice President	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.34	1
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name	Date of Receipt

Williams, Brian, J, Mr.,			Date of Receipt
Mailing Address 9670 Rod Road			07 21 2023
City	State	Zip Code	Transaction ID : A2023-1635680
Alpharetta	GA	30022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.31
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Select Medical Corporation	Senio	or Vice President	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.65	
SUBTOTAL of Receipts This Page (optional	l)	>	500.01
TOTAL This Period (last page this line num	ber only)	•••••	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)											
Select Medical Corporation P	AC										
Full Name of Individual (Last, First, Middle Williams, Brian, J, Mr., Mailing Address 9670 Rod Road	Initial) or Full Organization Name State Zip Code	Date of Receipt 08 04 2023 Transaction ID : A2023-1679288									
Alpharetta	GA 30022	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	192.31									
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3076.96										
B. Full Name of Individual (Last, First, Middle Williams, Brian, J, Mr., Mailing Address 9670 Rod Road	Initial) or Full Organization Name	Date of Receipt									
City Alpharetta	StateZip CodeGA30022	Transaction ID : A2023-1884964 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	192.31									
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	Memo Item									
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify) ▼	3269.27										
C. Full Name of Individual (Last, First, Middle Williams, Brian, J, Mr.,	Initial) or Full Organization Name	Date of Receipt									
Mailing Address 9670 Rod Road		09 / D D / Y Y Y Y 09 01 2023									
City Alpharetta	State Zip Code GA 30022	Transaction ID : A2023-1924739									
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period									
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3461.58										
SUBTOTAL of Receipts This Page (optional)	•	576.93									

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PAGE 282 OF

299

FOR LINE NUMBER:

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 283 OF

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	information copied from such Reports an										17 s					
<u> </u>	r commercial purposes, other than using AME OF COMMITTEE (In Full)	the name and a	doress of any political committee	e to so	licit co	ntrii	outions	from suc	n comm	littee.						
	Select Medical Corporation F	PAC														
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Μ	ailing Address 9670 Rod Road				09 / D D / Y Y Y Y 09 15 2023											
	ity	State	Zip Code		Trans	sact	tion ID	: A2023-2	2036957							
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S	elect Medical Corporation	Seni	or Vice President													
R	eceipt For:	Aggregate	Year-to-Date 🔻													
[Primary General	, iggi oguto		11.1												
	Other (specify) ▼		3653.89													
	ull Name of Individual (Last, First, Middle Nilliams, Brian, J, Mr.,	Initial) or Full O	rganization Name	[Date o	fR	eceipt									
M	ailing Address 9670 Rod Road				м м 09	1	29		2023	Y						
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	elect Medical Corporation		ior Vice President													
R	eceipt For:	Aggregate	Year-to-Date 🔻													
	Primary General	1.99.09410		11.												
	Other (specify) ▼		3846.20	4												
	ull Name of Individual (Last, First, Middle Williams, Brian, J, Mr.,	Initial) or Full O	rganization Name		Date o	f R	eceipt									
M	ailing Address 9670 Rod Road				^M 10	1	D 13		2023	Y						
C	ity	State	Zip Code		Trans	sac	tion ID	: A2023-2	2294544							
A	lpharetta	GA	30022	ļ	Amoun	t of	Each	Receipt th	nis Perio	bd						
FI	EC ID number of contributing								40	0.04						
federal political committee.		C				-		9	19	2.31						
	ame of Employer (for Individual)		pation (for Individual)		N	lem	o Item									
	elect Medical Corporation	Seni	Senior Vice President													
R	eceipt For:	Aggregate	Year-to-Date 🔻													
ŀ	Primary General Other (specify)		4038.51													
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SUF	STOTAL of Receipts This Page (optional))	\			_	_		57	6.93						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Sur , N Dago

	EIVIZED RECEIPIS			Or each category of the Detailed Summary Page		(11a		11b)	11c		12		
						13		14		15		16		17
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\backslash	NAME OF COMMITTEE (In Full)													
	Select Medical Corporation PAC													
A.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full O	rgai	nization Name		Date	of R	leceip	ot					
	Mailing Address 9670 Rod Road					^M 10	М	/ D	27)23	Y	
	City	State GA		Zip Code 30022						A2023-2				
	Alpharetta			30022	_	Amou	nt o	f Eac	h F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						-			_	192.3	31	
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) /ice President			Merr	io Ite	m					
	Receipt For:	Aggregate	Yea	ur-to-Date ▼										
	Primary General Other (specify) ▼		- -	4230.82										
в.	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full O	rga	nization Name		Date	of R	eceip	ot					
	Mailing Address 9670 Rod Road					[™] 11	Μ	/ D	10)23	Y	
	City	State		Zip Code		Trar	isac	tion I	D :	A2023-2	465 [,]	149		
	Alpharetta	GA		30022		Amou	nt o	f Eac	h F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				<u> </u>		-9-		-	_	192.3	31	
	Name of Employer (for Individual) Select Medical Corporation		•	tion (for Individual) Vice President			Merr	io Ite	m					
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	Other (specify) ▼		,	4423.13										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Williams, Brian, J, Mr.,	al) or Full O	rgai	nization Name		Date	of R	leceip	ot					
	Mailing Address 9670 Rod Road					[™] 11		/ D	24)23	Y	
	City	State		Zip Code		Tra	nsac	tion	ID :	A2023-2	587	556		
	Alpharetta	GA		30022		Amou	nt o	f Eac	h F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		, <u>,</u>	_	192.3	31	
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	Other (specify)		-	4615.44										
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PAGE 284 OF

299

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin		/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Select Medical Corporation	PAC	
Full Name of Individual (Last, First, Midd A. Williams, Brian, J, Mr., Mailing Address 9670 Rod Road City Alpharetta FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	le Initial) or Full Organization Name State Zip Code GA 30022 C Occupation (for Individual) Senior Vice President Aggregate Year-to-Date ▼ 4807.75 4807.75	Date of Receipt 12 08 2023 Transaction ID : A2023-2726331 Amount of Each Receipt this Period 192.31 Memo Item
Full Name of Individual (Last, First, Midd B. Williams, Brian, J, Mr., Mailing Address 9670 Rod Road City Alpharetta FEC ID number of contributing federal political committee. Name of Employer (for Individual) Select Medical Corporation Receipt For: Primary General Other (specify) ▼	le Initial) or Full Organization Name State Zip Code GA 30022 C Occupation (for Individual) Senior Vice President Aggregate Year-to-Date ▼ 5000.00 5000.00	Date of Receipt 12 22 2023 Transaction ID : A2023-2802096 Amount of Each Receipt this Period 192.25 Memo Item
Full Name of Individual (Last, First, Midd Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	le Initial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt
	al)	196267.44

PAGE 285 OF

299

FOR LINE NUMBER:

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SCHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER: PAGE 286 OF 299									
ITEMIZED DISBURSEMENTS				neck only	y one)									
		Summary Page		21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									
	 			28a	28b 28c 29 30b									
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NAME OF COMMITTEE (In Full)														
Select Medical Corporation PAC														
Full Name (Last, First, Middle Initial)														
A. Cut the Bull PAC					Date of Disbursement									
Mailing Address 228 S. Washington St. Suite 115					07 / D D / Y Y Y Y 2023									
City	State	Zip Code			FEC Identification Number									
Alexandria	VA	22314												
Purpose of Disbursement					C C00691626									
Contribution			0	11	Transaction ID : B851158									
Candidate Name				gory/	Amount of Each Disbursement this Period									
Office Sought: House Disburs	ement For:	2023	Ty	pe	5000.00									
Senate Sought.	Primary	General												
President	Other (spe													
State: District:		Not Applicable	•		Memo Item									
Full Name (Last, First, Middle Initial)														
^{B.} Judy Chu for Congress					Date of Disbursement									
					M M / D D / Y Y Y Y									
Mailing Address 16633 Ventura Blvd # 1008					07 18 2023									
City	State	Zip Code			FEC Identification Number									
Encino Purpose of Disbursement	CA	91436												
Contribution			0	11	C C00458125									
Candidate Name			<u> </u>		Transaction ID : B851062									
Chu, Judy, , ,				gory/ pe	Amount of Each Disbursement this Period									
	ement For:	2024	,	1	5000.00									
Senate	Primary	General												
President	Other (spe	ecify)			Memo Item									
State: CA District: 28														
Full Name (Last, First, Middle Initial)														
C. Judy Chu for Congress					Date of Disbursement									
Mailing Address 16633 Ventura Blvd # 1008					07 18 2023									
Maning Address 10055 Veniul'à DIVU # 1008														
City	State	Zip Code			FEC Identification Number									
Encino	CA	91436												
Purpose of Disbursement			-		C C00458125									
Contribution Candidate Name			0	11	Transaction ID : B852492									
				gory/	Amount of Each Disbursement this Period									
Chu, Judy, , , Office Sought: Y House Disburs	ement For:	2024	iy	rpe	5000.00									
Senate	Primary	General												
President	Other (spe				Mama Itam									
State: CA District: 28					Memo Item									
SUBTOTAL of Disbursements This Page (optional)				···· ►	15000.00									
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 287 OF 299									
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only										
	Detailed	Summary Page	210 28a	22 X 23 26 27 28b 28c 29 30b									
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any perso	n for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)													
Select Medical Corporation PAC													
Full Name (Last, First, Middle Initial)													
A. Help Elect Republicans Now (HERN	I PAC)			Date of Disbursement									
Mailing Address 555 Metro Place S Ste. 525				M M / D D / Y									
City Dublin	State OH	Zip Code 43017		FEC Identification Number									
Purpose of Disbursement		43017		C C00692715									
Contribution			011	Transaction ID : B852505									
Candidate Name			Category/	Amount of Each Disbursement this Period									
			Туре										
	ment For:			5000.00									
Senate President	Primary Other (spe	General											
State: District:	Other (spe	Not Applicable		Memo Item									
Full Name (Last, First, Middle Initial)													
B. Hern For Congress				Date of Disbursement									
				M M / D D / Y Y Y Y									
Mailing Address 9521-B Riverside Pkwy #350				08 11 2023									
City	State OK	Zip Code		FEC Identification Number									
Tulsa Purpose of Disbursement	UK	74137		0 00000000									
Contribution			011	C C00636092									
Candidate Name			Category/	Transaction ID : B852506 Amount of Each Disbursement this Period									
Hern, Kevin, R, ,			Type										
	1	2024		5000.00									
President	Primary	General		_									
State: OK District: 01	Other (spe	city)		Memo Item									
Full Name (Last, First, Middle Initial)													
C. Pascrell for Congress				Date of Disbursement									
Mailing Address PO Box 100				M M / D D / Y									
City	State	Zip Code		FEC Identification Number									
Teaneck Purpose of Disbursement	NJ	07666											
Contribution			011	C C00313510									
Candidate Name				Transaction ID : B852507 Amount of Each Disbursement this Period									
Pascrell, William, J, , Jr.			Category/ Type	Anount of Each Disbursement this Fellod									
Office Sought: X House Disburse	ment For:	2024		5000.00									
Senate	Primary	General											
State: NJ District: 09	Other (spe	city) 🔻		Memo Item									
State: NJ District: 09													
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	CHEDULE B (FEC Form 3X)	Use sepa				E NUMBER: PAGE 288 OF 299											
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	NAME OF COMMITTEE (In Full)																
$\left \right\rangle$	Select Medical Corporation PAC																
	Full Name (Last, First, Middle Initial)																
Α.	Silk PAC							ate o	_								
	Mailing Address PO Box 286																
	City Caldwell	State NJ	Zip Code 07006				F	EC Id	lenti	ficatio	on	Num	ber				
	Purpose of Disbursement			_	-		C	2	C00)4327	765	5			1		
	Contribution			C)11								35250	8	1		
	Candidate Name				egory ype	/	A								Period		
	Office Sought: House Disburse	ment For: 2	2023		ype		Г							5000	.00		
	Senate President	Primary	General				Ľ,			,					4 2		
	State: District:	Other (spec	Not Applicable	9			L	Me	emo	Item							
_	Full Name (Last, First, Middle Initial)																
Β.	Smucker Victory Committee						_	ate o	_	sburs	-			Y Y	- M		
	Mailing Address 824 S Milledge Ave Ste 101	4 S Milledge Ave Ste 101					08 22 2023										
	-	State	Zip Code				F	EC Id	lenti	ficatio	on	Num	ber				
	Athens Purpose of Disbursement	GA	30605				0 000500404										
	Contribution			C	011	11	C C00599464										
	Candidate Name			Cot	eqory	,	Transaction ID : B853049 Amount of Each Disbursement this Period										
	Smucker, Lloyd, K, ,				ype	/											
	Office Sought: X House Disburse	ment For: 2	2024			5000.00											
	Senate	Primary	X General							/							
	State: PA District: 11	Other (spec	cify)				E	Me	emo	Item							
_	Full Name (Last, First, Middle Initial)																
C.	Jason Smith for Congress							ate o	_		-						
	Mailing Address PO Box 1324							08	/	D	31			2023	Y		
	City	State	Zip Code			+	F	EC Id	lenti	ficatio	n	Num	her				
	Cape Girardeau	MO	63702						ion d	ioalic	211	. sum		-	1		
	Purpose of Disbursement				11	η.	0		C00	05418	362	2					
	Contribution Candidate Name			-)11	44							81412				
	Smith, Jason, , ,				egory ype	/	A	moun	t of	Each	۱L	Jisbur	seme	nt this	Period		
		ment For: 2	2022		ypo	_	Г						-	- 5000	0.00		
	Senate	Primary	K General				1			,	``	/oido/		inal a	hook datad		
	State: MO District: 08	Other (spec	cify) 🔻					Me	emo	Item)3/24/		inai c	heck dated		
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 289 OF 299										
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)										
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b										
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NAME OF COMMITTEE (In Full)														
Select Medical Corporation PAC														
Full Name (Last, First, Middle Initial)														
A. Mr. Southern Missourian In the Hou	se PAC			Date of Disbursement										
Mailing Address PO Box 30844				08 / D D / Y Y Y Y 2023										
City	State	Zip Code		FEC Identification Number										
Bethesda	MD	20824												
Purpose of Disbursement			011	C C00563726										
Contribution Candidate Name				Transaction ID : B814124										
			Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse	ement For: 2	2022	-76-	- 5000.00										
Senate	Primary	General												
President	Other (spec			Voided: Original check dated Memo Item 03/24/2022										
State: District:		Not Applicable												
Full Name (Last, First, Middle Initial)				Data of Dishurasment										
Dicole for New York				Date of Disbursement										
Mailing Address PO Box 60487				08 / 08 / 2023										
City	State	Zip Code												
Staten Island	NY	10306		FEC Identification Number										
Purpose of Disbursement			044	С С00694778										
Contribution Candidate Name			011	Transaction ID : B826160										
Malliotakis, Nicole, , ,			Category/ Type	Amount of Each Disbursement this Period										
	ment For:	2022	туре											
Senate	Primary	X General												
President	Other (spec	cify)		Voided: Original check dated Memo Item 08/17/2022										
State: NY District: 11														
Full Name (Last, First, Middle Initial)														
C. NRCC				Date of Disbursement										
Mailing Address 320 1st St. SE				08 31 2023										
City	State	Zip Code		FEC Identification Number										
Washington	DC	20003												
Purpose of Disbursement Contribution			011	C C00075820										
Condidate Name				Transaction ID : B815267										
			Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse	ement For: 2	2022		- 5000.00										
Senate	Primary	General		Voided: Original check dated										
Ctate: District	Other (spec			Memo Item 04/08/2022										
State: District:		Not Applicable												
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	y information copied from such Reports and State for commercial purposes, other than using the na																
\backslash	NAME OF COMMITTEE (In Full)																
	Select Medical Corporation PAC																
Ľ	Full Name (Last, First, Middle Initial)																
Α.	Tom Rice for Congress						Date of										
	Mailing Address PO Box 70098						08 / D D / Y Y Y Y 2023										
	City	State SC	Zip Code				FEC Id	entifica	ation	Numbe	r						
	Myrtle Beach Purpose of Disbursement	50	29572				0					-					
	Contribution			0)11		С	C0050	604	8							
	Candidate Name					-11				ID : B81							
	Rice, Tom, , ,				egory	y/	Amount	t of Ea	ich I	Disburse	men	t this Period					
		ment For: 2	2022	- 13	уре							2500.00					
	Senate X	Primary Other (spec	General				_		,	/oided: (nal check dated					
	State: SC District: 07	Other (spec	City) V				Me	mo Ite	m (05/11/20	22						
	Full Name (Last, First, Middle Initial)																
В.	Tenney for Congress						Date of		Irser	_	V	YY					
	Mailing Address PO Box 244	PO Box 244					09 01 2023										
	City	State	Zip Code				FFC Id	entifica	ation	Numbe	r						
	Clinton	NY 13323															
	Purpose of Disbursement	011					C C00632828 Transaction ID : B853662										
	Contribution Candidate Name																
	Tenney, Claudia, , ,		Category/ Type					Amount of Each Disbursement this Peric									
		ment For: 2	2024	IJ	ype		5000.00										
		Primary	General														
	President	Other (spec															
	State: NY District: 24						Me	mo Ite	m								
	Full Name (Last, First, Middle Initial)																
C.	Tenney for Congress						Date of										
	Mailing Address PO Box 244						09		01			023					
	City	State	Zip Code			-+		ontifica	tion	Number	~						
	Clinton	NY	13323					enunca	uUN	Numbe							
	Purpose of Disbursement						С	C0063	3282	8		· .					
	Contribution			0)11		Tra	insacti	ion	ID : B85	3663						
	Candidate Name				egory	<i>y1</i>	Amount	t of Ea	ich I	Disburse	men	t this Period					
	Tenney, Claudia, , ,	. –		Ту	уре							2500.00					
		ment For: 2										2300.00					
	Senate President	Primary Othor (spor	General				-										
	State: NY District: 24	Other (spec	uiy) ▼				Me	mo Ite	m								
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FC	OR LIN	IE N	NUMBER: PAGE 291 O									
ITEMIZED DISBURSEMENTS	for each	(cł		· -	y one)										
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Any information copied from such Reports and State or for commercial purposes, other than using the na				any p	erson	for the		oose (oliciti		ntributions			
NAME OF COMMITTEE (In Full)															
Select Medical Corporation PAC															
Full Name (Last, First, Middle Initial)															
A. Ron Estes For Congress						Date of	f Dis	sburse	eme	nt					
Mailing Address PO Box 782952					09 / D / Y Y Y Y 2023										
City Wichita	State KS	Zip Code 67278				FEC Id	entil	icatio	n N	umbe	r				
Purpose of Disbursement			_	_		С	C00	6320	67						
Contribution			0	11				ction	-	: B85	4200				
Candidate Name				gory/								this Period			
Estes, Ron, , ,	mont Ferry	2024	Ту	/pe		<u> </u>					,	5000.00			
Office Sought: House Disburse Senate President	ement For: 2 Primary Other (spe	General						,	_		,				
State: KS District: 04		;) 🔻				Me	mo	Item							
Full Name (Last, First, Middle Initial)															
B. Ron Estes For Congress						Date of	f Dis	burse		nt /	Y Y	Y Y			
Mailing Address PO Box 782952	x 782952					09		1	2		2	023			
City	State KS	Zip Code				FEC Id	entif	icatio	n N	umbe	r				
Wichita Purpose of Disbursement	ro	67278				\mathbf{c}									
Contribution			0	11		C C00632067 Transaction ID : B854201 Amount of Each Disbursement this Period									
Candidate Name			Cate	gory/											
Estes, Ron, , ,				/pe											
	ement For:					5000.00									
Senate	Primary	General													
State: KS District: 04	Other (spe	сіту)				Me	mo	Item							
Full Name (Last, First, Middle Initial)															
^{C.} Fight Like Hell PAC						Date of	f Dis	sburse	eme	nt					
Mailing Address 1375 S Washington Ave. Ste 300						м м 09	/	D 1	^р 5	/		023			
City	State	Zip Code				FEC Id	entif	icatio	n N	umho	r				
Lansing	MI	48910				0 10			-			-			
Purpose of Disbursement Contribution			0	11		С	C00	8421	04			_			
Candidate Name	Catego Type							Transaction ID : B854647 Amount of Each Disbursement this Period							
Office Sought: House Disburse	ment For:	2023			\neg						2	2000.00			
Senate	Primary	General				<u> </u>	_	7		-		1 46 1			
President	Other (spe	cify) 🔻				Me	mo	Item							
State: District:	e.	Not Applicable					me								
SUBTOTAL of Disbursements This Page (optional).				-		<u> </u>	_	7		-7	1	2000.00			
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 292 OF 299
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar				
\backslash	NAME OF COMMITTEE (In Full)				
	Select Medical Corporation PAC				
<u> </u>	Full Name (Last, First, Middle Initial)				Data of Distance and
Α.	Adrian Smith for Congress				Date of Disbursement
	Mailing Address 1126 Avenue A Ste 6				09 21 2023
	City Scottsbluff	State NE	Zip Code 69361		FEC Identification Number
	Purpose of Disbursement				C C00412890
	Contribution			011	
	Candidate Name			Category/	Transaction ID : B855343 Amount of Each Disbursement this Period
	Smith, Adrian, , ,			Type	
	Office Sought: X House Disburse	ment For: 2	2024		5000.00
	Senate	Primary	General		
	State: NE District: 03	Other (spec	cify) 🔻		Memo Item
	Full Name (Last, First, Middle Initial)				
B.	Concerned Americans for Freedor	m & Opp	ortunity PAC		Date of Disbursement
			,		
	Mailing Address 228 S Washington St Ste 115				09 21 2023
	City	State VA	Zip Code 22314		FEC Identification Number
	Alexandria Purpose of Disbursement	VA	22314		0 000404470
	Contribution			011	C C00481176
	Candidate Name			Cotogony/	Transaction ID : B855342 Amount of Each Disbursement this Period
				Category/ Type	Amount of Each Disbursement this Penou
	Office Sought: House Disburse	ment For:	2023		5000.00
	Senate	Primary	General		
	President	Other (spec			Memo Item
	State: District:		Not Applicable	3	
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
С.	Lisa Blunt Rochester for Senate				
	Mailing Address PO Box 9767				09 21 Y Y Y Y Y 2023
	City	State	Zip Code		FEC Identification Number
	Wilmington	DE	19809		
	Purpose of Disbursement				C C00843391
	Contribution			011	Transaction ID : B855368
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Blunt Rochester, Lisa, , , Office Sought: House Disburse	ment For: 2	2024	Туре	5000.00
	Senate	Primary	General		
	President	Other (spec			
	State: DE District:	V - 1-			Memo Item
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SCHEDULE B (FEC Form 3X)			FC	OR LIN	NE NUMBER: PAGE 293 OF 29									
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(C											
		Summary Page		21										
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NAME OF COMMITTEE (In Full)														
Select Medical Corporation PAC														
Full Name (Last, First, Middle Initial)														
A. Lisa Blunt Rochester for Senate					Date of Disbursement									
Mailing Address PO Box 9767														
City Wilmington	State DE	Zip Code 19809			FEC Identification Number									
Purpose of Disbursement		13003			C C00843391									
Contribution			0	11										
Candidate Name			Cate	egory/	Transaction ID : B855367 Amount of Each Disbursement this Period									
Blunt Rochester, Lisa, , ,				ype										
X Senate	ment For: 2 Primary	General			5000.00									
State: DE District:	Other (spec	cify) 🔻			Memo Item									
Full Name (Last, First, Middle Initial)														
^{B.} Beth Van Duyne For Congress					Date of Disbursement									
Mailing Address PO Box 630167					09 27 2023									
City	State TX	Zip Code 75063			FEC Identification Number									
Irving Purpose of Disbursement		75065			C C00714865									
Contribution			C)11	Transaction ID : B855795 Amount of Each Disbursement this Period									
Candidate Name			Cate	egory/										
Van Duyne, Elizabeth, , ,				ype										
s (ment For: 2	2024			5000.00									
	Primary	General												
State: TX District: 24	Other (spec	cify)			Memo Item									
Full Name (Last, First, Middle Initial)														
^{C.} Beth Van Duyne For Congress					Date of Disbursement									
Mailing Address PO Box 630167					09 / 27 / 2023									
City	State	Zip Code			FEC Identification Number									
Irving	ТХ	75063												
Purpose of Disbursement			0		C C00714865									
Contribution Candidate Name			0	11	Transaction ID : B855796									
Van Duyne, Elizabeth, , ,				egory/ ype	Amount of Each Disbursement this Period									
	ment For: 2	2024		, , , ,	5000.00									
Senate	Primary	General												
President	Other (spec	cify)			Memo Item									
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ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(cł	neck or	nly one) p 22 🔀 23 🗌 26 🗌 27											
		Summary Page		21												
Any information copied from such Reports and State or for commercial purposes, other than using the name				any pe	rson for the purpose of soliciting contributions	S										
Select Medical Corporation PAC																
Full Name (Last, First, Middle Initial)					Date of Disbursement											
A. Michelle Steel For Congress																
Mailing Address 9070 Irvine Center Drive Suite 150)				09 27 2023											
City	State	Zip Code			FEC Identification Number											
Irvine Purpose of Disbursement	CA	92618			C C00704981											
Contribution			0	11												
Candidate Name				_	Transaction ID : B855794											
Steel, Michelle, , ,				egory/ /pe	Amount of Each Disbursement this Per											
	ment For: 2	2024	i y	he	5000.00											
Senate	Primary	K General														
State: CA District: 45	Other (spe	cify) 🔻			Memo Item											
Full Name (Last, First, Middle Initial)																
B. Brad Wenstrup Victory Fund					Date of Disbursement											
Mailing Address PO BOX 30844	Address PO BOX 30844															
City	State	Zip Code			FEC Identification Number											
Bethesda Purpose of Disbursement	MD	20824														
Contribution			C C00617480													
Candidate Name				11	Transaction ID : B856229											
				egory/ /pe	Amount of Each Disbursement this Period											
Office Sought: House Disburse	ment For:	2023			10000.00											
Senate	Primary	General														
State: District:	Other (spec	cify) Not Applicable	<u>.</u>		Memo Item											
Full Name (Last, First, Middle Initial)																
C. Michelle Steel For Congress					Date of Disbursement											
Mailing Address 9070 Irvine Center Drive Suite 150	09 29 2023															
City	State	Zip Code			FEC Identification Number											
Irvine	CA	92618														
Purpose of Disbursement					C C00704981											
Contribution																
Candidate Name Steel, Michelle, , ,		egory/ /pe	Amount of Each Disbursement this Perio	bd												
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President	Other (spe				Memo Item											
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 295 OF 299										
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NAME OF COMMITTEE (In Full)														
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Full Name (Last, First, Middle Initial)				Date of Disbursement										
A. Dwight Evans for Congress														
Mailing Address P.O. Box 6578														
City	State	Zip Code		FEC Identification Number										
Philadelphia Purpose of Disbursement	PA	19138		0 000504005										
Contribution			011	C C00591065										
Candidate Name			Category/	Transaction ID : B857266 Amount of Each Disbursement this Period										
Evans, Dwight, , ,			Type											
	ment For: 2	2024		5000.00										
Senate	Primary	General		_										
State: PA District: 03	Other (spe			Memo Item										
Full Name (Last, First, Middle Initial)														
B. Dwight Evans for Congress				Date of Disbursement										
Mailing Address P.O. Box 6578				10 13 2023										
City	State PA	Zip Code		FEC Identification Number										
Philadelphia Purpose of Disbursement	FA	19138		C C00591065										
Contribution			011	•										
Candidate Name			Category/	Transaction ID : B857267 Amount of Each Disbursement this Period										
Evans, Dwight, , ,			Туре											
	1	2024		5000.00										
Senate President	Primary Other (spe	General												
State: PA District: 03	Other (spec	city)		Memo Item										
Full Name (Last, First, Middle Initial)														
C. Menendez for Congress				Date of Disbursement										
Mailing Address 123 Town Square Place #515		10 / D D / Y Y Y Y 10 13 2023												
City	State	Zip Code												
Jersey City	NJ	07310		FEC Identification Number										
	Purpose of Disbursement													
Contribution Candidate Name			011	Transaction ID : B857265										
Menendez, Robert, J, ,		Category/	Amount of Each Disbursement this Period											
	ment For: 2	Туре	5000.00											
Senate	Primary	General		4										
President	Other (spe	cify) 🔻		Memo Item										
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\setminus	NAME OF COMMITTEE (In Full)																			
	Select Medical Corporation PAC																			
Ľ	Full Name (Last, First, Middle Initial)																			
Α.	Mikie Sherrill for Congress	Date o	f Dis	sburse	em	nent														
	Mailing Address PO Box 43032	•								10 / D D / Y Y Y Y 10 13 2023										
	City Montclair	State NJ	Zip Code 07043				FEC Identification Number													
	Purpose of Disbursement			_	_		C C00640003 Transaction ID : B857278													
	Contribution			C)11															
	Candidate Name			Cat	egory	//							t this Period							
	Sherrill, Rebecca, M, ,				ype		5000.00													
	Senate	ment For: 2 Primary	K General			5000.00														
	State: NJ District: 11	Other (spec	city) 🔻			Me	emo	Item												
	Full Name (Last, First, Middle Initial)																			
В.	Tenney for Congress				Date of Disbursement															
	Mailing Address PO Box 244		10 13 2023																	
	City	State	Zip Code				FEC Identification Number													
	Clinton Purpose of Disbursement	NY	13323																	
	Contribution	011					С	C00632828												
	Candidate Name			Category/				Transaction ID : B857264 Amount of Each Disbursement this Period												
	Tenney, Claudia, , ,						Amount of Each Disbursement this Period													
	Office Sought: X House Disburse	ment For: 2					2500.00													
	Senate	Primary	X General						· ·											
	State: NY District: 24	Other (spec	cify)		Memo Item															
	Full Name (Last, First, Middle Initial)																			
C.	Abraham Lincoln PAC					Date o	f Dis	sburse	em	nent										
	Mailing Address 824 S. Milledge Avenue Suite 101							10 17 2023												
	City	State	Zip Code																	
	Athens	GA	30605				FEC Identification Number													
	Purpose of Disbursement		С	C00	06310)51	1													
	Contribution		Tra	•																
	Candidate Name	Ouse Disbursement For: 2023					Amount of Each Disbursement this Period 5000.00													
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	CHEDULE B (FEC Form 3X)		victo ophodulo(-)		FOR LINE NUMBER: PA						AGE	297 OF 29						
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\setminus	NAME OF COMMITTEE (In Full)																	
	Select Medical Corporation PAC																	
<u> </u>	Full Name (Last, First, Middle Initial)																	
Α.	LaHood for Congress		Date of Disbursement															
	Mailing Address PO Box 10735						10 / D D / Y Y Y Y 10 17 / 2023											
	City Peoria	State IL	Zip Code 61612				FEC Identification Number											
	Purpose of Disbursement		01012			_												
	Contribution			(011	11	C C00575050 Transaction ID : B857447 Amount of Each Disbursement this Period											
	Candidate Name																	
	LaHood, Darin, , ,				egory Type	″												
		ment For: 2	2024		700		2500.00											
	Senate	Primary	General															
	State: IL District: 16	Other (spec	cify) ▼					Mem	o It	em								
	Full Name (Last, First, Middle Initial)																	
В.	_aHood for Congress						Date of Disbursement											
	Mailing Address PO Box 10735								10 / D D / Y Y Y Y 10 17 2023									
	City	State	Zip Code															
	Peoria	IL	61612				FEC Identification Number											
	Purpose of Disbursement			-	-		C C00575050											
	Contribution	011					Transaction ID : B857448											
	Candidate Name			Categor Type				Amount of Each Disbursement this Per										
	LaHood, Darin, , ,						2500.00											
	š 🛆 📃	ment For: 2							,		_		_	2500.00				
	President	Primary Other (spec	General															
	State: IL District: 16	Other (spec	uy)				Memo Item											
	Full Name (Last, First, Middle Initial)																	
C.	Carey For Congress								Date of Disbursement									
	Mailing Address PO Box 16032			M 1	0	/	D 2	6	/		023							
	City	State	Zip Code					- Inl	+:t:			ا معر را	~~					
	Columbus	OH	43216				FEC Identification Number											
	Purpose of Disbursement								007	7960	03							
	Contribution 011								Transaction ID : B858317									
	Candidate Name	Catego				//	Amount of Each Disbursement this Period											
	Carey, Mike, , , Office Sought: V House Disburse													5000.00				
	Senate							5000.00										
	President	Other (spec						M - ·-·	• ¹	0.55								
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SCHEDULE B (FEC Form 3X)				INE NUMBER: PAGE 298 OF						= 299								
TEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check		/ one)													
		Summary Page		210 28a	22 28b	×	23 28c	29		27 30b								
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NAME OF COMMITTEE (In Full)																		
angle Select Medical Corporation PAC																		
Full Name (Last, First, Middle Initial)									Date of Disbursement									
A. Smucker Victory Committee																		
Mailing Address 824 S Milledge Ave Ste 101					12		14	1	2	2023								
City Athens	State GA	Zip Code 30605		F	FEC Identification Number													
Purpose of Disbursement				7 I I	С	C00	65848	84										
Contribution			011	11.5	Transaction ID : B862715 Amount of Each Disbursement this Period													
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Senate	Primary	General			_													
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SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 299 OF 299										
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check d	only one)										
		Summary Page		1b 22 23 26 27 3a 28b 28c \mathbf{X} 29 30b										
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NAME OF COMMITTEE (In Full)														
Select Medical Corporation PAC	;													
Full Name (Last, First, Middle Initial)														
A. Friends of Kevin Boyle	Date of Disbursement													
Mailing Address 9816 Red Rambler Drive				10 04 2023										
City Philadelphia	State PA	Zip Code 19115		FEC Identification Number										
Purpose of Disbursement		13113		С										
P-2024 State House 172 PA			011											
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Boyle, Kevin, , ,			Category/ Type	Amount of Each Disbursement this Period										
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