NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This	form	should	l he	filed	after	the	Com	mittee	<i>qualifies</i>	as a	a multica	andidate	committee.
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1. (a) N	AME OF C	OMMITTEE IN FULL			1					
5	Select I	Medical Corporation PA								
(-)		Street Address /sburg Road	2 FEC IDEN	TIFICATION	NIIMBER					
	•	eral Counsel	2. FEC IDENTIFICATION NUMBER C00546119							
(c) Ci	ty, State ar	d ZIP Code	3. TYPE OF COMMITTEE (check one)							
V	Mechanics	sburg	17055-4325	☐ STATE	PARTY R					
I certif	y that c	one of the following situation	ons is correct (co	mplete line 4 or 5):						
0	STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with:									
C	Commit	tee Name:								
F	EC Ide	entification Number:								
. .	T A TI 16	S BY QUALIFICATION:								
5. S) IAIU	S DT QUALIFICATION:								
(4	-	ndidates: The committee ow (ONLY State party con		ve this blank.):			1			
		Name		Office Sought	State/D	istrict	Date			
	(i)	Pat Toomey		Senate	PA		10/02/2013			
	(ii)	Kevin Brady		House	TX	08	10/18/2013			
	(iii)	Eric Cantor		House	VA	07	12/09/2013			
	(iv)	Bill Nelson		Senate	FL		12/09/2013			
	(v)	Pat Roberts		Senate	KS		12/04/2013			
•	on:	ntributors: The committee 11/22/2013 gistration: The committee					1 was			
`	•	omitted on: <u>06/20/2013</u>	·							
(d) Qu	alification: The committee	e met the above i	requirements on:	12/20/2013		_·			
		re examined this Statement and to the								
	OR PRINT Walters	NAME OF TREASURER	SIGNATURE OF T William Walters	NEASURER [E	lectronically Fil	led] DATE	01/27/2014			
vviiliaii						01/27	7/2014			