

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street) 4714 Gettysburg Road

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

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

C C00546119

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 11 / 25 / 2014 through [MM] / [DD] / [YYYY] 12 / 31 / 2014

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

Type or Print Name of Treasurer William Walters

Signature of Treasurer William Walters [Electronically Filed] Date 01 / 14 / 2015

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="11628.39"/>	<input type="text" value="11628.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="96426.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19422.36"/>	<input type="text" value="241560.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="115848.54"/>	<input type="text" value="253188.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="139840.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113348.54"/>	<input type="text" value="113348.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17374.60	218474.82
(ii) Unitemized	57.72	18845.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17432.32	237320.11
(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)	17432.32	237320.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	210.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1990.04	4030.04
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19422.36	241560.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19422.36	241560.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	135100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	139840.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	139840.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17432.32	237320.11
34. Total Contribution Refunds (from Line 28(d))	0.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17432.32	232820.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	210.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Jennifer K Allison

Mailing Address 402 Huron Drive

City Mechanicsburg	State PA	Zip Code 17050
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718683

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)
B. Ms. Jennifer K Allison

Mailing Address 402 Huron Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845583

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)
C. Ms. Joan Alverzo

Mailing Address 152 Old Landing Road

City Ocean City	State MD	Zip Code 21842
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718684

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Old Landing Road
 City Ocean City State MD Zip Code 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845584
 Amount of Each Receipt this Period
 19.00

B. Ms. Kathy Beckett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739870
 Amount of Each Receipt this Period
 19.24

C. Ms. Kathy Beckett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739033
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Ms. Kathy Beckett		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014 Transaction ID : A2014-2845676
Mailing Address 8444 Tibet Butler Dr		Amount of Each Receipt this Period 19.00
City Windermere	State FL	Zip Code 34786
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert J Bein		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014 Transaction ID : A2014-2718685
Mailing Address 545 Mud College Road		Amount of Each Receipt this Period 76.93
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.25	

Full Name (Last, First, Middle Initial) C. Mr. Robert J Bein		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 Transaction ID : A2014-2845585
Mailing Address 545 Mud College Road		Amount of Each Receipt this Period 76.75
City Littlestown	State PA	Zip Code 17340
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	172.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Dionisio Bencomo

Mailing Address 2851 SW 137 Court

City State Zip Code
Miami FL 33175

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718686

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
B. Mr. Dionisio Bencomo

Mailing Address 2851 SW 137 Court

City State Zip Code
Miami FL 33175

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845586

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
C. Ms. Kelly L Blake

Mailing Address 3269 Blue Goose Road

City State Zip Code
Nicktown PA 15762

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718687

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Kelly L Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 3269 Blue Goose Road
 City Nicktown State PA Zip Code 15762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845587
 Amount of Each Receipt this Period
 19.24

B. Mr. Edwin A Bodensiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3047 Terra Maria Way
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2384.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718688
 Amount of Each Receipt this Period
 115.38

C. Mr. Edwin A Bodensiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3047 Terra Maria Way
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845588
 Amount of Each Receipt this Period
 115.38

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 R L Wheeler Rd
 City Macon State GA Zip Code 31211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718689
 Amount of Each Receipt this Period
 19.24

B. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 R L Wheeler Rd
 City Macon State GA Zip Code 31211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845589
 Amount of Each Receipt this Period
 19.00

C. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718690
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional).....▶	153.63
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845590
 Amount of Each Receipt this Period
 115.25

B. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718691
 Amount of Each Receipt this Period
 19.24

C. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845591
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.49
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Mark S Brodeur
Full Name (Last, First, Middle Initial)

Mailing Address 5324 Meadow Breeze Drive

City State Zip Code
Liberty Township OH 45011

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718692

Amount of Each Receipt this Period
19.24

B. Mr. Mark S Brodeur
Full Name (Last, First, Middle Initial)

Mailing Address 5324 Meadow Breeze Drive

City State Zip Code
Liberty Township OH 45011

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845592

Amount of Each Receipt this Period
19.00

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

Mailing Address 1 Chantilly Court

City State Zip Code
Mechanicsburg PA 17050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718693

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional).....▶	153.63
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Executive Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845593
 Amount of Each Receipt this Period
 115.25

B. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.53

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718694
 Amount of Each Receipt this Period
 76.93

C. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.46

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845594
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.11
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Marinella Castroman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2971 Stanfield Avenue
 City Orlando State FL Zip Code 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718695
 Amount of Each Receipt this Period
 115.39

B. Mrs. Marinella Castroman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2971 Stanfield Avenue
 City Orlando State FL Zip Code 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845595
 Amount of Each Receipt this Period
 115.25

C. Mrs. Melinda D Comer
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Peach Spring
 City Houston State TX Zip Code 77037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718696
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.88
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Melinda D Comer
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Peach Spring
 City Houston State TX Zip Code 77037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845596
 Amount of Each Receipt this Period
 19.24

B. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718697
 Amount of Each Receipt this Period
 76.93

C. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City Grand Haven State MI Zip Code 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845597
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.92
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Fred R Cullen

Mailing Address 564 Fawnhill Drive

City Langhorne State PA Zip Code 19047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718698

Amount of Each Receipt this Period
115.39

Full Name (Last, First, Middle Initial)
B. Mr. Fred R Cullen

Mailing Address 564 Fawnhill Drive

City Langhorne State PA Zip Code 19047

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845598

Amount of Each Receipt this Period
115.25

Full Name (Last, First, Middle Initial)
C. Mrs. Carolyn N Curnane

Mailing Address 1615 Linda Drive

City West Chester State PA Zip Code 19380

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.52

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718699

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.88

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **461.76**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845599
 Amount of Each Receipt this Period
19.24

B. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 High Hollow
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2884.75**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718700
 Amount of Each Receipt this Period
115.39

C. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 High Hollow
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845600
 Amount of Each Receipt this Period
115.25

SUBTOTAL of Receipts This Page (optional).....	249.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mrs. Lora A Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3022 Eagle Point Way
 City Tallahassee State FL Zip Code 32312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718701
 Amount of Each Receipt this Period
 19.24

B. Mrs. Lora A Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3022 Eagle Point Way
 City Tallahassee State FL Zip Code 32312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845601
 Amount of Each Receipt this Period
 19.00

C. Mrs. Teresa L Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Deerfield Road
 City Richmond State TX Zip Code 77406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718702
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional).....▶	153.63
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 77
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Mrs. Teresa L Davis

Mailing Address 1019 Deerfield Road

City Richmond State TX Zip Code 77406

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-2845602

Amount of Each Receipt this Period
115.25

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

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : A2014-2718703

Amount of Each Receipt this Period
76.93

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

Mailing Address 6421 Farmcrest Lane

City Harrisburg State PA Zip Code 17111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-2845603

Amount of Each Receipt this Period
76.75

SUBTOTAL of Receipts This Page (optional)..... ▶ **268.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718704
 Amount of Each Receipt this Period
 19.24

B. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845604
 Amount of Each Receipt this Period
 19.00

C. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City State Zip Code
 Elizabethtown PA 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718705
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional).....▶	115.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Anthony F DeFelice
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blue Ribbon Drive
 City Elizabethtown State PA Zip Code 17022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845605
 Amount of Each Receipt this Period
 76.93

B. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718706
 Amount of Each Receipt this Period
 115.39

C. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845606
 Amount of Each Receipt this Period
 115.25

SUBTOTAL of Receipts This Page (optional).....▶	307.57
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Philip J Driscoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Van Doren Way
 City Belle Mead State NJ Zip Code 08502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718707
 Amount of Each Receipt this Period
 19.24

B. Mr. Philip J Driscoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Van Doren Way
 City Belle Mead State NJ Zip Code 08502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845607
 Amount of Each Receipt this Period
 19.00

C. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718708
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Cherie J Elledge
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Red Spruce Lane
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845608
 Amount of Each Receipt this Period
 19.00

B. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718709
 Amount of Each Receipt this Period
 19.24

C. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845609
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Paul G Finkbeiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718710
 Amount of Each Receipt this Period
 19.24

B. Mr. Paul G Finkbeiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845610
 Amount of Each Receipt this Period
 19.24

C. Ms. Patti Finnegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718711
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Patti Finnegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845611
 Amount of Each Receipt this Period
 19.00

B. Bruce Gans
 Full Name (Last, First, Middle Initial)
 Mailing Address Six Amherst Road
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718712
 Amount of Each Receipt this Period
 115.39

C. Bruce Gans
 Full Name (Last, First, Middle Initial)
 Mailing Address Six Amherst Road
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845612
 Amount of Each Receipt this Period
 115.25

SUBTOTAL of Receipts This Page (optional).....▶	249.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Scott A Gardner		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718713
Mailing Address 611 Fairground Road		Amount of Each Receipt this Period 19.24
City Newport	State PA	
Zip Code 17074		Aggregate Year-to-Date ▼ 288.60
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mr. Scott A Gardner		Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845613
Mailing Address 611 Fairground Road		Amount of Each Receipt this Period 19.24
City Newport	State PA	
Zip Code 17074		Aggregate Year-to-Date ▼ 307.84
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mr. Peter J Gillard		Date of Receipt 11 / 28 / 2014 Transaction ID : A2014-2739871
Mailing Address 1001 Madera Court		Amount of Each Receipt this Period 19.24
City Allen	State TX	
Zip Code 75013		Aggregate Year-to-Date ▼ 423.28
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739034
 Amount of Each Receipt this Period
 19.24

B. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : A2014-2845677
 Amount of Each Receipt this Period
 19.24

C. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718714
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845614
 Amount of Each Receipt this Period
 19.00

B. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City State Zip Code
 New Cumberland PA 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1307.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718715
 Amount of Each Receipt this Period
 76.93

C. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City State Zip Code
 New Cumberland PA 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1384.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845615
 Amount of Each Receipt this Period
 76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.86
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.19

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718716
 Amount of Each Receipt this Period
 115.39

B. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2538.58

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845616
 Amount of Each Receipt this Period
 115.39

C. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718717
 Amount of Each Receipt this Period
 76.93

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

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

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

FOR LINE NUMBER: PAGE 32 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845617
 Amount of Each Receipt this Period
 76.75

B. Ms. Robin Hedeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718718
 Amount of Each Receipt this Period
 19.24

C. Ms. Robin Hedeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845618
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.23
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718719

Amount of Each Receipt this Period
 19.24

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

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845619

Amount of Each Receipt this Period
 19.24

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

Mailing Address 740 Parkins Mill Rd.

City Greenville State SC Zip Code 29607

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718720

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845620
 Amount of Each Receipt this Period
 19.24

B. Ms. Anne E Jurenc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718721
 Amount of Each Receipt this Period
 19.24

C. Ms. Anne E Jurenc
 Full Name (Last, First, Middle Initial)
 Mailing Address 12140 N. River Rd.
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845621
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. David F Key

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.25

Date of Receipt
12 / 05 / 2014
Transaction ID : A2014-2718722

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
B. Mr. David F Key

Mailing Address 1286 Brayshore Drive

City Collierville State TN Zip Code 38017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 19 / 2014
Transaction ID : A2014-2845622

Amount of Each Receipt this Period
76.75

Full Name (Last, First, Middle Initial)
C. Mrs. Peggy L Kingston

Mailing Address 228 Brewster

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
12 / 05 / 2014
Transaction ID : A2014-2718723

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Peggy L Kingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845623
 Amount of Each Receipt this Period
 19.00

B. Mr. Kristofer C Kitzke
 Full Name (Last, First, Middle Initial)
 Mailing Address 873 Winterfields Drive
 City Cordova State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718724
 Amount of Each Receipt this Period
 19.24

C. Mr. Kristofer C Kitzke
 Full Name (Last, First, Middle Initial)
 Mailing Address 873 Winterfields Drive
 City Cordova State TN Zip Code 38018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845624
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Wilma D Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 5167 Carlson Dairy Road
 City Summerfield State NC Zip Code 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718725
 Amount of Each Receipt this Period
 19.24

B. Ms. Wilma D Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 5167 Carlson Dairy Road
 City Summerfield State NC Zip Code 27358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845625
 Amount of Each Receipt this Period
 19.00

C. Mrs. Laurie Kozorosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 North Marian Street
 City Ebensburg State PA Zip Code 15931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718726
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mrs. Laurie Kozorosky

Mailing Address 730 North Marian Street

City	State	Zip Code
Ebensburg	PA	15931

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

Name of Employer	Occupation
Select Medical Corporation	Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845626

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)
B. Mr. Aleksey N Kurmakov

Mailing Address 2413 Tofree Drive

City	State	Zip Code
Harrisburg	PA	17112

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718727

Amount of Each Receipt this Period

76.93

Full Name (Last, First, Middle Initial)
C. Mr. Aleksey N Kurmakov

Mailing Address 2413 Tofree Drive

City	State	Zip Code
Harrisburg	PA	17112

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845627

Amount of Each Receipt this Period

76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718728
 Amount of Each Receipt this Period
 19.24

B. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845628
 Amount of Each Receipt this Period
 19.24

C. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 11 / 28 / 2014
Transaction ID : A2014-2739873
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 77
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Lauren B Lindley

Mailing Address 36 Indian Bayou Drive

City	State	Zip Code
Destin	FL	32541

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : A2014-2739036

Amount of Each Receipt this Period

19.24

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

Mailing Address 2371 Pullman Way

City	State	Zip Code
Hummelstown	PA	17036

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718729

Amount of Each Receipt this Period

76.93

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

Mailing Address 2371 Pullman Way

City	State	Zip Code
Hummelstown	PA	17036

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1615.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845629

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional).....▶	173.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael F Malatesta

Full Name (Last, First, Middle Initial)
Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718730

Amount of Each Receipt this Period
115.38

B. Mr. Michael F Malatesta

Full Name (Last, First, Middle Initial)
Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2038.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845630

Amount of Each Receipt this Period
115.38

C. Mr. Brian Mann

Full Name (Last, First, Middle Initial)
Mailing Address 1060 Trevorton Road

City Coal Township	State PA	Zip Code 17866
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718731

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.28**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845631
 Amount of Each Receipt this Period
 19.24

B. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **404.04**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718732
 Amount of Each Receipt this Period
 19.24

C. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.28**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845632
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....	57.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Anthony J Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 W Barbie Lane
 City Phoenix State AZ Zip Code 85085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718733
 Amount of Each Receipt this Period
 19.24

B. Mr. Anthony J Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 W Barbie Lane
 City Phoenix State AZ Zip Code 85085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845633
 Amount of Each Receipt this Period
 19.24

C. Mrs. Debora A Martoccio
 Full Name (Last, First, Middle Initial)
 Mailing Address 4511 Gulfwinds Drive
 City Lutz State FL Zip Code 33558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718734
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Debora A Martoccio
 Full Name (Last, First, Middle Initial)
 Mailing Address 4511 Gulfwinds Drive
 City State Zip Code
 Lutz FL 33558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845634
 Amount of Each Receipt this Period
 19.24

B. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City State Zip Code
 Nolensville TN 37135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718735
 Amount of Each Receipt this Period
 19.24

C. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City State Zip Code
 Nolensville TN 37135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845635
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.75

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718736
 Amount of Each Receipt this Period
 115.39

B. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845636
 Amount of Each Receipt this Period
 115.25

C. Ms. Barbara J Mobley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5809 Copper Canyon
 City The Colony State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718737
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	249.88
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Barbara J Mobley

Mailing Address 5809 Copper Canyon

City State Zip Code
The Colony TX 75056

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845637

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Thomas P Mullin

Mailing Address 215 St James Court

City State Zip Code
Mechanicsburg PA 17050

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718738

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Mr. Thomas P Mullin

Mailing Address 215 St James Court

City State Zip Code
Mechanicsburg PA 17050

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845638

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739874
 Amount of Each Receipt this Period
 19.24

B. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739037
 Amount of Each Receipt this Period
 19.24

C. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : A2014-2845679
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Sharon A Noro
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 3rd Street
 City Aspinwall State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718739
 Amount of Each Receipt this Period
 76.93

B. Mrs. Sharon A Noro
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 3rd Street
 City Aspinwall State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845639
 Amount of Each Receipt this Period
 76.75

C. Mr. John F O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 Wembley Court
 City Clarkston State MI Zip Code 48346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718740
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	172.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John F O'Malley
Full Name (Last, First, Middle Initial)

Mailing Address 5614 Wembley Court

City Clarkston State MI Zip Code 48346

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **442.52**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-2845640

Amount of Each Receipt this Period
19.24

B. Mrs. Sue E Olsen
Full Name (Last, First, Middle Initial)

Mailing Address 3023 Tanglewood Drive

City Clearwater State FL Zip Code 33761

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

Name of Employer Select Medical Corporation Occupation President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2014

Transaction ID : A2014-2739981

Amount of Each Receipt this Period
3000.00

C. Mr. Robert A Padalino
Full Name (Last, First, Middle Initial)

Mailing Address 1470 Torrey

City Grosse Pointe Woods State MI Zip Code 48236

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2014

Transaction ID : A2014-2830761

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	8019.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Matthew P Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 W 72nd Street
 City State Zip Code
 Prairie Village KS 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2884.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718741
 Amount of Each Receipt this Period
 115.39

B. Mr. Matthew P Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4514 W 72nd Street
 City State Zip Code
 Prairie Village KS 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845641
 Amount of Each Receipt this Period
 115.25

C. Mrs. Genise Pedrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4771 Sweetshade Drive
 City State Zip Code
 Sarasota FL 34241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Regional Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718742
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	249.88
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Genise Pedrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4771 Sweetshade Drive
 City Sarasota State FL Zip Code 34241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845642
 Amount of Each Receipt this Period
 19.00

B. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718743
 Amount of Each Receipt this Period
 19.24

C. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845643
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Steve C Plumlee
Full Name (Last, First, Middle Initial)

Mailing Address 12311 Bonnybridge Lane

City Knoxville State TN Zip Code 37922

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718744

Amount of Each Receipt this Period
 19.24

B. Mr. Steve C Plumlee
Full Name (Last, First, Middle Initial)

Mailing Address 12311 Bonnybridge Lane

City Knoxville State TN Zip Code 37922

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845644

Amount of Each Receipt this Period
 19.00

C. Mr. Fabian E Polo
Full Name (Last, First, Middle Initial)

Mailing Address 4713 Parkhaven Dr.

City Garland State TX Zip Code 75043

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718745

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Fabian E Polo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4713 Parkhaven Dr.
 City Garland State TX Zip Code 75043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Operating Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845645
 Amount of Each Receipt this Period
 19.00

B. Ms. Budine Pucylowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Old Vineyard Lane
 City Heath State TX Zip Code 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Business Developm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718746
 Amount of Each Receipt this Period
 19.24

C. Ms. Budine Pucylowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Old Vineyard Lane
 City Heath State TX Zip Code 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Business Developm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845646
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718747
 Amount of Each Receipt this Period
 76.93

B. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City Meridian State MS Zip Code 39305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845647
 Amount of Each Receipt this Period
 76.75

C. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718748
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	172.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845648
 Amount of Each Receipt this Period
 19.00

B. Mr. Curtis L Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Byrnes Road
 City North Augusta State SC Zip Code 29841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718749
 Amount of Each Receipt this Period
 19.24

C. Mr. Curtis L Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Byrnes Road
 City North Augusta State SC Zip Code 29841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845649
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.76

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739875

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739038

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2014
Transaction ID : A2014-2845680

Amount of Each Receipt this Period
19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Brian R Rusignuolo			Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014 Transaction ID : A2014-2718750
Mailing Address 1339 Sconsett Way			Amount of Each Receipt this Period 115.38
City New Cumberland	State PA	Zip Code 17070	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2384.65		

Full Name (Last, First, Middle Initial) B. Mr. Brian R Rusignuolo			Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 Transaction ID : A2014-2845650
Mailing Address 1339 Sconsett Way			Amount of Each Receipt this Period 115.38
City New Cumberland	State PA	Zip Code 17070	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03		

Full Name (Last, First, Middle Initial) C. Mr. Jeffrey J Ruskan			Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014 Transaction ID : A2014-2718751
Mailing Address 304 Beechwood Drive			Amount of Each Receipt this Period 76.93
City Richmond	State VA	Zip Code 23229	
FEC ID number of contributing federal political committee. C			
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.25		

SUBTOTAL of Receipts This Page (optional).....▶	307.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 304 Beechwood Drive

City Richmond State VA Zip Code 23229

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845651

Amount of Each Receipt this Period
 76.75

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : A2014-2739876

Amount of Each Receipt this Period
 19.24

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

Mailing Address 34 Wall Street

City West Long Branch State NJ Zip Code 07764

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : A2014-2739039

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Beth R Sarfaty
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : A2014-2845681
 Amount of Each Receipt this Period
 19.24

B. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2653.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718752
 Amount of Each Receipt this Period
 115.39

C. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845652
 Amount of Each Receipt this Period
 115.39

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Linda P Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 SE 45th Street
 City Topeka State KS Zip Code 66609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718753
 Amount of Each Receipt this Period
 19.24

B. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718755
 Amount of Each Receipt this Period
 19.24

C. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845654
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mr. Jon C Skinner		Date of Receipt
Mailing Address 2524 Matterhorn Ln		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Flower Mound TX 75022-7879		Transaction ID : A2014-2718754
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.93"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1923.25"/>	

Full Name (Last, First, Middle Initial) B. Mr. Jon C Skinner		Date of Receipt
Mailing Address 2524 Matterhorn Ln		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Flower Mound TX 75022-7879		Transaction ID : A2014-2845653
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.75"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Mrs. Jeanne M Slane		Date of Receipt
Mailing Address 6537 Caldecott Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Naples FL 34113		Transaction ID : A2014-2718756
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="404.04"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="172.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Jeanne M Slane
 Full Name (Last, First, Middle Initial)
 Mailing Address 6537 Caldecott Drive
 City Naples State FL Zip Code 34113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845655
 Amount of Each Receipt this Period
 19.24

B. Mr. Nigel D Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 9815 Vistadale Dr
 City Dallas State TX Zip Code 75238-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718757
 Amount of Each Receipt this Period
 19.24

C. Mr. Nigel D Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 9815 Vistadale Dr
 City Dallas State TX Zip Code 75238-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845656
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....▶	57.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Ms. Robin R Smith		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718758
Mailing Address 21 Bonnywick Drive		Amount of Each Receipt this Period 19.24
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.04	

Full Name (Last, First, Middle Initial) B. Ms. Robin R Smith		Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845657
Mailing Address 21 Bonnywick Drive		Amount of Each Receipt this Period 19.24
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Senior Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28	

Full Name (Last, First, Middle Initial) C. Mr. John J St. Leger		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718759
Mailing Address 634 Blue Ridge Road		Amount of Each Receipt this Period 76.93
City Pittsburgh	State PA	Zip Code 15239
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1692.46	

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845658
 Amount of Each Receipt this Period
 76.93

B. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718760
 Amount of Each Receipt this Period
 19.24

c. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City Bloomington State IN Zip Code 47401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845659
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Sean A Stricker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Elm Tree Park
 City San Antonio State TX Zip Code 78259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718761
 Amount of Each Receipt this Period
 19.24

B. Mr. Sean A Stricker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Elm Tree Park
 City San Antonio State TX Zip Code 78259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845660
 Amount of Each Receipt this Period
 19.00

C. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718762
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845661
 Amount of Each Receipt this Period
 19.00

B. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718763
 Amount of Each Receipt this Period
 19.24

c. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845662
 Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas N Therout

Full Name (Last, First, Middle Initial)
Mailing Address 10240 Madison

City Omaha	State NE	Zip Code 68127
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2423.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718764

Amount of Each Receipt this Period
115.39

B. Mr. Thomas N Therout

Full Name (Last, First, Middle Initial)
Mailing Address 10240 Madison

City Omaha	State NE	Zip Code 68127
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2538.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845663

Amount of Each Receipt this Period
115.39

C. Mr. Jeffrey D Thompson

Full Name (Last, First, Middle Initial)
Mailing Address 6840 N. Park Dr.

City North Richland Hills	State TX	Zip Code 76182
------------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718765

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City North Richland Hills State TX Zip Code 76182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845664
 Amount of Each Receipt this Period
 19.00

B. Ms. Linda M Tiemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1558 South Fern Place
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718766
 Amount of Each Receipt this Period
 76.93

C. Ms. Linda M Tiemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1558 South Fern Place
 City Broken Arrow State OK Zip Code 74012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845665
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 77
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Remko van der Voordt

Mailing Address 253 Lafayette St Unit A

City Salem State MA Zip Code 01970

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718767

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Remko van der Voordt

Mailing Address 253 Lafayette St Unit A

City Salem State MA Zip Code 01970

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.28**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845666

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
C. Loran Vocaturo

Mailing Address 18 Richard Road

City East Brunswick State NJ Zip Code 08816

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **404.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718768

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Loran Vocaturo
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Richard Road
 City East Brunswick State NJ Zip Code 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845667
 Amount of Each Receipt this Period
 19.24

B. Mr. Timothy C Wadman
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Babbling Brook Drive
 City Saint Charles State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.25

Date of Receipt
 12 / 05 / 2014
Transaction ID : A2014-2718769
 Amount of Each Receipt this Period
 76.93

C. Mr. Timothy C Wadman
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Babbling Brook Drive
 City Saint Charles State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 12 / 19 / 2014
Transaction ID : A2014-2845668
 Amount of Each Receipt this Period
 76.75

SUBTOTAL of Receipts This Page (optional).....▶	172.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 71 OF 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Robert S Ward

Mailing Address 5707 TPC Parkway Apt 1626

City State Zip Code
San Antonio TX 78261

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718770

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Mr. Robert S Ward

Mailing Address 5707 TPC Parkway Apt 1626

City State Zip Code
San Antonio TX 78261

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : A2014-2845669

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
C. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City State Zip Code
Etters PA 17319

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A2014-2718771

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City State Zip Code
Etters PA 17319

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845670

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
B. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City State Zip Code
Milton WV 25541

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718772

Amount of Each Receipt this Period
76.93

Full Name (Last, First, Middle Initial)
C. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City State Zip Code
Milton WV 25541

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

Name of Employer Occupation
Select Medical Corporation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1769.39

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845671

Amount of Each Receipt this Period
76.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Andrea F White
Full Name (Last, First, Middle Initial)
Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718773

Amount of Each Receipt this Period
19.24

B. Mrs. Andrea F White
Full Name (Last, First, Middle Initial)
Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : A2014-2845672

Amount of Each Receipt this Period
19.00

C. Mr. Brian J Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9670 Rod Road

City Alpharetta	State GA	Zip Code 30022
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : A2014-2718774

Amount of Each Receipt this Period
115.39

SUBTOTAL of Receipts This Page (optional).....▶	153.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian J Williams
Full Name (Last, First, Middle Initial)
Mailing Address 9670 Rod Road
City Alpharetta State GA Zip Code 30022
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845673
Amount of Each Receipt this Period
115.25

B. Mr. Juan C Yanes
Full Name (Last, First, Middle Initial)
Mailing Address 4143 Stargrass Court
City Hilliard State OH Zip Code 43026
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.80

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2014
Transaction ID : A2014-2718775
Amount of Each Receipt this Period
19.24

C. Mr. Juan C Yanes
Full Name (Last, First, Middle Initial)
Mailing Address 4143 Stargrass Court
City Hilliard State OH Zip Code 43026
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2014
Transaction ID : A2014-2845674
Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	153.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Ms. Coleen Zimmerman		Date of Receipt 12 / 05 / 2014 Transaction ID : A2014-2718776
Mailing Address 3804 Bohler Road		Amount of Each Receipt this Period 76.93
City Appling	State GA	
Zip Code 30802		Aggregate Year-to-Date ▼ 1538.60
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ms. Coleen Zimmerman		Date of Receipt 12 / 19 / 2014 Transaction ID : A2014-2845675
Mailing Address 3804 Bohler Road		Amount of Each Receipt this Period 76.93
City Appling	State GA	
Zip Code 30802		Aggregate Year-to-Date ▼ 1615.53
FEC ID number of contributing federal political committee. C		
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶	153.86
TOTAL This Period (last page this line number only).....▶	17374.60

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

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

FOR LINE NUMBER: PAGE 76 OF 77
(check only one)

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

A. Cantor for Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 17813

City Richmond	State VA	Zip Code 23226
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FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4030.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : A2014-13788

Amount of Each Receipt this Period
1990.04

Partial refund of 1/27/14 contribution made via Cantor Victory Fund

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1990.04
TOTAL This Period (last page this line number only).....▶	1990.04

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Bluegrass Committee

Mailing Address 220 1/2 E St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2014			

Transaction ID : B540377

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

2500.00

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

2500.00
