

**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  
REPORTNEW  
(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

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Walters, William, , ,

Signature of Treasurer

Walters, William, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		154887.73
(b) Cash on Hand at Beginning of Reporting Period.....	63352.49	
(c) Total Receipts (from Line 19) .....	187766.67	309981.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	251119.16	464869.16
7. Total Disbursements (from Line 31) .....	146000.00	359750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	105119.16	105119.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Select Medical Corporation PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2023

To:

M M / D D / Y Y Y Y Y  
12 31 2023**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).....

186958.94

299827.13

(ii) Unitemized .....

807.73

10154.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

187766.67

309981.43

(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) .....

187766.67

309981.43

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

187766.67

309981.43

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

187766.67

309981.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	187766.67	309981.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	187766.67	309981.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	750.00

**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 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2023

Transaction ID : A2023-1632873

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2023

Transaction ID : A2023-1654997

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2023

Transaction ID : A2023-1764937

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID :

This report is being amended to report December 29, 2023 receipts not previously reported due to clerical errors.  
Procedures have been established to prevent errors in the future.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 302

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

**A. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : A2023-1903185**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2023**Transaction ID : A2023-2037017**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : A2023-2121683**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2023

Transaction ID : A2023-2223671

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 20 / 2023

Transaction ID : A2023-2314423

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 03 / 2023

Transaction ID : A2023-2379817

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 17 / 2023**Transaction ID : A2023-2519613**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 01 / 2023**Transaction ID : A2023-2601817**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 15 / 2023**Transaction ID : A2023-2802091**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bellmar, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 29 / 2023**Transaction ID : A2023-3025555**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633256**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635699**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 302

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

**A. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

MM / DD / YYYY  
08 / 04 / 2023**Transaction ID : A2023-1679307**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

MM / DD / YYYY  
08 / 18 / 2023**Transaction ID : A2023-1884983**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

MM / DD / YYYY  
09 / 01 / 2023**Transaction ID : A2023-1924758**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036976**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130241**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294503**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353849**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465169**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587516**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726351**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bencomo, Dionisio, , Mr.,**

Mailing Address 2851 SW 137 Court

City  
MiamiState  
FLZip Code  
33175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802116**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Bernhardt, Alison, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353886**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

422.95

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bernhardt, Alison, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465146**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Bernhardt, Alison, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587553**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Bernhardt, Alison, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

961.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726388**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bernhardt, Alison, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802153**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City  
NicktownState  
PAZip Code  
15762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.79

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294516**

Amount of Each Receipt this Period

76.93

☐ Memo Item

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

**C. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City  
NicktownState  
PAZip Code  
15762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353861**

Amount of Each Receipt this Period

76.93

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City  
NicktownState  
PAZip Code  
15762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465181**

Amount of Each Receipt this Period

76.93

☐ Memo Item

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

**B. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City  
NicktownState  
PAZip Code  
15762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587528**

Amount of Each Receipt this Period

76.93

☐ Memo Item

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

**C. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City  
NicktownState  
PAZip Code  
15762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

538.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726363**

Amount of Each Receipt this Period

76.93

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.79

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blake, Kelly, L, Ms.,**

Mailing Address 3269 Blue Goose Road

City  
NicktownState  
PAZip Code  
15762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802128**

Amount of Each Receipt this Period

76.93

☐ Memo Item

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

**B. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633240**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635683**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

307.71

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 302

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

**A. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023

Transaction ID : A2023-1679291

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023

Transaction ID : A2023-1884967

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023

Transaction ID : A2023-1924742

Amount of Each Receipt this Period

115.39

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

346.17

**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 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036960**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130225**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294547**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 302

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

**A. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353833**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465153**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587560**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 302

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

**A. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 08 / 2023**Transaction ID : A2023-2726335**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Bolcavage, Theodore, J, Mr.,**

Mailing Address 207 Bryant St

City  
MechanicsburgState  
PAZip Code  
17050-4148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802100**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633253**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635696**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679304**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884980**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924755**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036973**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130238**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 302

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

**A. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294560**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353846**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465166**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 302

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

**A. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587513**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 08 / 2023**Transaction ID : A2023-2726348**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Breighner, Robert, G, Mr., Jr.**

Mailing Address 613 Carrie Drive

City  
DallastownState  
PAZip Code  
17313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802113**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633268**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635711**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679319**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 302

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

**A. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884995**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924770**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036988**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130253**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294515**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353860**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 302

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

**A. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465180**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587527**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726362**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Brozowsky, Diane, M, Ms.,**

Mailing Address 1795 Alpine Ave

City  
BoulderState  
COZip Code  
80304-3649FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802127**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633282**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635725**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499.87



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679333**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885009**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924784**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037003**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130268**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294531**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353876**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465136**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587543**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 302

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

**A. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726378**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Cannon, Matthew, D, ,**

Mailing Address 19073 Twilight Trl

City  
Eden PrairieState  
MNZip Code  
55346-4047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802143**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**C. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633289**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 302

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

**A. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635732**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679340**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885016**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924791**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037010**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130275**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294538**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353883**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465143**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587550**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726385**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Carey, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 22 / 2023**Transaction ID : A2023-2802150**

Amount of Each Receipt this Period

192.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2023**Transaction ID : A2023-1632874**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2023**Transaction ID : A2023-1654998**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2023**Transaction ID : A2023-1764938**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : A2023-1903186**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2023**Transaction ID : A2023-2037018**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : A2023-2121684**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 302

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

**A. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2023**Transaction ID : A2023-2223672**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 20 / 2023**Transaction ID : A2023-2314424**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 03 / 2023**Transaction ID : A2023-2379818**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City

San Francisco

State

CA

Zip Code

94124-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Executive

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  
11 / 17 / 2023**Transaction ID : A2023-2519614**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City

San Francisco

State

CA

Zip Code

94124-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Executive

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 / 01 / 2023**Transaction ID : A2023-2601818**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City

San Francisco

State

CA

Zip Code

94124-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Executive

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 / 15 / 2023**Transaction ID : A2023-2802092**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 302

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

**A. Carpenter, Allen, , ,**

Mailing Address 4132 3rd St Apt 1

City  
San FranciscoState  
CAZip Code  
94124-2130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 29 / 2023

Transaction ID : A2023-3025556

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Carson, Russell, L, ,**

Mailing Address 930 Fifth Avenue

City  
New YorkState  
NYZip Code  
10021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023

Transaction ID : A2023-2552054

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023

Transaction ID : A2023-1633244

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5230.64

**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 302

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

**A. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635687**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679295**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884971**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924746**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036964**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130229**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 302

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

**A. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294551**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353837**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465157**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 302

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

**A. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
11 / 24 / 2023**Transaction ID : A2023-2587564**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 08 / 2023**Transaction ID : A2023-2726339**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Castroman, Marinella, , Mrs.,**

Mailing Address 2971 Stanfield Avenue

City  
OrlandoState  
FLZip Code  
32814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 22 / 2023**Transaction ID : A2023-2802104**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**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 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633286**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635729**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.08

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679337**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.46

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885013**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924788**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037007**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 302

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

**A. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130272**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294535**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2538.36

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353879**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465139**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587546**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726381**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 302

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

**A. Cawley, Karen, A, Ms.,**

Mailing Address 11877 N 81st St

City  
ScottsdaleState  
AZZip Code  
85260-5633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802146**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633251**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635694**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.16

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679302**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884978**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924753**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036971**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130236**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294558**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 302

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

**A. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353844**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465164**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587511**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726346**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Chambers, Jason, S, Mr.,**

Mailing Address 1415 Aaron Creek Drive

City  
FishervilleState  
KYZip Code  
40023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802111**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633273**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

422.95

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635716**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679324**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885000**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924775**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036994**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130259**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**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 302

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

**A. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294521**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353866**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465126**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 302

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

**A. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587533**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726368**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Chernow, David, S, Mr.,**

Mailing Address 700 Gladstone Court

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802133**

Amount of Each Receipt this Period

192.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 302

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

**A. Collins, Michael, E, Mr.,**

Mailing Address 540 Raymond Dr.

City  
West ChesterState  
PAZip Code  
19380FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
10 / 06 / 2023**Transaction ID : A2023-2224584**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

**B. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633287**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635730**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3230.78

**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 302

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679338**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885014**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924789**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**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 302

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

**A. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037008**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130273**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294536**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**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 302

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

**A. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 27 / 2023**Transaction ID : A2023-2353880**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 10 / 2023**Transaction ID : A2023-2465140**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 24 / 2023**Transaction ID : A2023-2587547**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726382**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Cook, Thomas, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 22 / 2023**Transaction ID : A2023-2802147**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Davisson, Katherine, , ,**Mailing Address 25 Cantral Park W  
Apt 14RCity  
New YorkState  
NYZip Code  
10023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023**Transaction ID : A2023-2552056**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5230.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633276**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635719**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679327**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885003**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924778**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036997**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

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

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

FOR LINE NUMBER: PAGE 70 OF 302

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

**A. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

MM / DD / YYYY  
09 / 29 / 2023

**Transaction ID : A2023-2130262**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

MM / DD / YYYY  
10 / 13 / 2023

**Transaction ID : A2023-2294524**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2023

**Transaction ID : A2023-2353869**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

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

576.93

**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 302

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

**A. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465129**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587536**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726371**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 302

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

**A. Deemer, Miriam, R, Mrs.,**

Mailing Address 285 Merriweather Rd

City

Grosse Pointe Farms

State

MI

Zip Code

48236-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

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 / 22 / 2023**Transaction ID : A2023-2802136**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**B. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633238**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635681**

Amount of Each Receipt this Period

192.31

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

576.87



**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 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679289**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884965**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924740**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036958**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130223**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294545**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353830**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465150**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587557**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726332**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dehoff, James, L, Jr., Jr.**

Mailing Address 1317 Abington Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802097**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**C. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633274**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635717**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679325**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885001**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924776**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036995**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130260**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294522**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353867**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465127**

Amount of Each Receipt this Period

192.31

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

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 302

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

**A. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587534**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726369**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Dishner, Kerry, R, ,**Mailing Address 202 Downing Pl  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-6881FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802134**

Amount of Each Receipt this Period

192.25

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

576.87



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duggan, John, F, Mr.,**

Mailing Address 1764 North Meadow Drive

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023**Transaction ID : A2023-2552057**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Ely, James, S, , III**

Mailing Address 117 Saint Pierre Way

City  
JupiterState  
FLZip Code  
33458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023**Transaction ID : A2023-2552059**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633267**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10115.39

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 302

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

**A. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635710**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679318**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884994**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 302

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

**A. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924769**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036987**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130252**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 13 / 2023**Transaction ID : A2023-2294514**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 27 / 2023**Transaction ID : A2023-2353859**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 10 / 2023**Transaction ID : A2023-2465179**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 24 / 2023**Transaction ID : A2023-2587526**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 08 / 2023**Transaction ID : A2023-2726361**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Evans, Alan, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 22 / 2023**Transaction ID : A2023-2802126**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frist, William, H, Dr.,**

Mailing Address 2908 Poston Avenue

City  
NashvilleState  
TNZip Code  
37203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Board of Directors

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  
11 / 28 / 2023**Transaction ID : A2023-2552060**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633266**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635709**

Amount of Each Receipt this Period

115.39

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

5230.78

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679317**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884993**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924768**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036986**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130251**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
10 / 13 / 2023**Transaction ID : A2023-2294513**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
10 / 27 / 2023**Transaction ID : A2023-2353858**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
11 / 10 / 2023**Transaction ID : A2023-2465178**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
11 / 24 / 2023**Transaction ID : A2023-2587525**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 302

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

**A. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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 / 08 / 2023**Transaction ID : A2023-2726360**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Gasse, Suzanne, D, Ms.,**

Mailing Address 3903 West Sailboat Drive

City  
Pembroke PinesState  
FLZip Code  
33026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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 / 22 / 2023**Transaction ID : A2023-2802125**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2023**Transaction ID : A2023-1632872**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 302

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

**A. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2023**Transaction ID : A2023-1654996**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2023**Transaction ID : A2023-1764936**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : A2023-1903184**

Amount of Each Receipt this Period

115.39

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

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2023**Transaction ID : A2023-2037016**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : A2023-2121682**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2023**Transaction ID : A2023-2223670**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 20 / 2023**Transaction ID : A2023-2314422**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 03 / 2023**Transaction ID : A2023-2379816**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 17 / 2023**Transaction ID : A2023-2519612**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 01 / 2023**Transaction ID : A2023-2601816**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 15 / 2023**Transaction ID : A2023-2802090**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Godley, Karen, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 29 / 2023**Transaction ID : A2023-3025554**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 302

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

**A. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633279**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635722**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679330**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 302

(check only one)

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

**A. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885006**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924781**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037000**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130265**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294527**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353872**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465132**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587539**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726374**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 302

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

**A. Hammerman, Samuel, I, Doctor, I.**

Mailing Address 6 Windy Drive

City  
ShavertownState  
PAZip Code  
18708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802139**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**B. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633259**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**C. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635702**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.73

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
08 / 04 / 2023**Transaction ID : A2023-1679310**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**B. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884986**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**C. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924761**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036979**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**B. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130244**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**C. Hedeman, Robin, , Ms.,**

Mailing Address 15 W Main St PO 194

City  
BrooksideState  
NJZip Code  
07926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294506**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 302

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

**A. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633278**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635721**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679329**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 302

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885005**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924780**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036999**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130264**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294526**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353871**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 302

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

**A. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465131**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587538**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726373**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hollenbach, John, T, Mr.,**

Mailing Address 3607 Weymouth Drive

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802138**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**B. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633239**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635682**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679290**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884966**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924741**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 302  
(check only one)

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

**A. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036959**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130224**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294546**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353832**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465152**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587559**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726334**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Jackson, Martin, F, Mr.,**

Mailing Address 116 Ellesmere Lane

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802099**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**C. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633272**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499.95

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635715**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679323**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884999**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 302

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924774**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036993**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130258**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 302

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

**A. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294520**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353865**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. James, Stephanie, R, Ms.,**

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465125**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 OF 302

(check only one)

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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

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

A. James, Stephanie, R, Ms.,

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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
11	/	24	/	2023

Transaction ID : A2023-2587532

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

B. James, Stephanie, R, Ms.,

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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	/	08	/	2023

Transaction ID : A2023-2726367

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

C. James, Stephanie, R, Ms.,

Mailing Address 740 Parkins Mill Rd.

City  
GreenvilleState  
SCZip Code  
29607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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	/	22	/	2023

Transaction ID : A2023-2802132

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

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

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 302

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2023**Transaction ID : A2023-1632871**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2023**Transaction ID : A2023-1654995**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2023**Transaction ID : A2023-1764935**

Amount of Each Receipt this Period

115.39

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

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : A2023-1903183**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2023**Transaction ID : A2023-2037015**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : A2023-2121681**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 302

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2023**Transaction ID : A2023-2223669**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 20 / 2023**Transaction ID : A2023-2314421**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 03 / 2023**Transaction ID : A2023-2379815**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 17 / 2023**Transaction ID : A2023-2519611**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 01 / 2023**Transaction ID : A2023-2601815**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 15 / 2023**Transaction ID : A2023-2802089**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keim, Jennifer, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 29 / 2023**Transaction ID : A2023-3025553**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633275**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635718**

Amount of Each Receipt this Period

115.38

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

346.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679326**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885002**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924777**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 302

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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**

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

**A. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036996**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130261**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294523**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 302  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353868**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465128**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2769.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587535**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726370**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Keith, Christopher, D, ,**

Mailing Address 13 Hopper Dr.

City  
GoddardState  
KSZip Code  
67052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802135**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633255**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

423.07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635698**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679306**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884982**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 125 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924757**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036975**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130240**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 302

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

**A. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294502**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353848**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465168**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587515**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726350**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Key, David, F, Mr.,**

Mailing Address 1750 Eliza Way

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802115**

Amount of Each Receipt this Period

192.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Khanuja, Parvinderjit, , ,**

Mailing Address 8110 N. Mohawk Road

City  
ParadiseState  
AZZip Code  
85253FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Board of Directors

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  
11 / 28 / 2023**Transaction ID : A2023-2552058**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633284**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635727**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5230.78



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 302

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679335**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885011**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924786**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037005**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130270**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

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  
10 / 13 / 2023**Transaction ID : A2023-2294533**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

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
10		27		2023

**Transaction ID : A2023-2353877**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

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
11		10		2023

**Transaction ID : A2023-2465137**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

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
11		24		2023

**Transaction ID : A2023-2587544**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726379**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Kido, Robert, S, , Jr.**Mailing Address 1205 E Powderhorn Rd  
Suite 1050City  
MechanicsburgState  
PAZip Code  
17050-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Director of Finance - LTACH

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 / 22 / 2023**Transaction ID : A2023-2802144**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Kirshblum, Steven, , ,**

Mailing Address 71 Woodland Ave

City  
West OrangeState  
NJZip Code  
07052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2023**Transaction ID : A2023-2301937**

Amount of Each Receipt this Period

3000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3230.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 302

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

**A. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633241**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2346.21

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635684**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2538.52

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679292**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 302

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

**A. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2730.83

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884968**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2923.14

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924743**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3115.45

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036961**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 135 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3307.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130226**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294548**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3692.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353834**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 302

(check only one)

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

**A. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3884.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465154**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4077.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587561**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4269.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726336**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 302

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

**A. Kurmakov, Aleksey, N, Mr.,**

Mailing Address 2409 W Bayberry Dr

City  
HarrisburgState  
PAZip Code  
17112-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4461.62

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802101**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633258**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635701**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

423.09

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 302

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

**A. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679309**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884985**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924760**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2269.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036978**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2461.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130243**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294505**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2846.26

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353851**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3038.57

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465171**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587518**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3423.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726353**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Lacey, Mary, B, ,**

Mailing Address 44 Sunfire Avenue

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3615.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802118**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633265**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635708**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679316**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884992**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924767**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036985**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130250**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 144 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294512**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353857**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465177**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
11 / 24 / 2023**Transaction ID : A2023-2587524**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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 / 08 / 2023**Transaction ID : A2023-2726359**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Lindley, Lauren, B, Ms.,**

Mailing Address 36 Indian Bayou Drive

City  
DestinState  
FLZip Code  
32541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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 / 22 / 2023**Transaction ID : A2023-2802124**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633247**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635690**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679298**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884974**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924749**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036967**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

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

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2023

**Transaction ID : A2023-2130232**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

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

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2023

**Transaction ID : A2023-2294554**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

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

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2023

**Transaction ID : A2023-2353840**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 149 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465160**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587507**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City

Schwenksville

State

PA

Zip Code

19473

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Senior Vice President

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726342**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Malatesta, Michael, F, Mr.,**

Mailing Address 4145 Serenity Street

City  
SchwenksvilleState  
PAZip Code  
19473FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802107**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**B. Malloy, Edward, M, Mr., Jr.**

Mailing Address 8 Upton Way

City  
SewellState  
NJZip Code  
08080FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Operations

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  
10 / 17 / 2023**Transaction ID : A2023-2301935**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

**C. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633243**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3307.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635686**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679294**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884970**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924745**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036963**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130228**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294550**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353836**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465156**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 302

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

**A. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587563**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 08 / 2023**Transaction ID : A2023-2726338**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Marshall, Christopher, L, Mr.,**

Mailing Address 4966 Cline Hollow Road

City  
ExportState  
PAZip Code  
15632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802103**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 302

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

**A. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633271**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635714**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679322**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 156 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884998**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924773**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036992**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130257**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
10 / 13 / 2023**Transaction ID : A2023-2294519**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
10 / 27 / 2023**Transaction ID : A2023-2353864**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 302

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

**A. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465124**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587531**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726366**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 302  
(check only one)

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

**A. McAlister, Michael, H, Mr.,**

Mailing Address 4 Brighton Court

City  
HeathState  
TXZip Code  
75032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 22 / 2023**Transaction ID : A2023-2802131**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633285**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635728**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679336**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885012**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924787**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 161 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037006**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130271**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 13 / 2023**Transaction ID : A2023-2294534**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 27 / 2023**Transaction ID : A2023-2353878**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 10 / 2023**Transaction ID : A2023-2465138**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 24 / 2023**Transaction ID : A2023-2587545**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 08 / 2023**Transaction ID : A2023-2726380**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McDeavitt, Andrew, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 22 / 2023**Transaction ID : A2023-2802145**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2023**Transaction ID : A2023-1632870**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2023**Transaction ID : A2023-1654994**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2023**Transaction ID : A2023-1764934**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : A2023-1903182**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2023**Transaction ID : A2023-2037014**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2023**Transaction ID : A2023-2121680**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2023**Transaction ID : A2023-2223668**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2023**Transaction ID : A2023-2314420**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2023**Transaction ID : A2023-2379814**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2023**Transaction ID : A2023-2519610**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2023**Transaction ID : A2023-2601814**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2023**Transaction ID : A2023-2802088**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McGrath, Lisa, , ,**

Mailing Address 411 Shenandoah Drive

City  
CollegevilleState  
PAZip Code  
19426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
NP

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 / 29 / 2023**Transaction ID : A2023-3025552**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 168 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633257**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635700**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679308**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 169 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884984**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924759**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036977**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130242**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294504**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353850**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 171 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465170**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587517**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726352**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 302  
(check only one)

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NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. McNelis, Shaun, J, Mr.,**

Mailing Address 204 Northwood Cir

City  
MechanicsburgState  
PAZip Code  
17050-6882FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802117**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633270**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635713**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679321**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884997**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924772**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036991**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130256**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
10 / 13 / 2023**Transaction ID : A2023-2294518**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
10 / 27 / 2023**Transaction ID : A2023-2353863**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
11 / 10 / 2023**Transaction ID : A2023-2465123**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
11 / 24 / 2023**Transaction ID : A2023-2587530**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 08 / 2023**Transaction ID : A2023-2726365**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Mena, Theodore, G, ,**

Mailing Address 4425 Indian Deer Rd

City  
WindermereState  
FLZip Code  
34786-3182FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 22 / 2023**Transaction ID : A2023-2802130**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633261**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

422.95



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635704**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679312**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884988**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924763**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036981**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130246**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294508**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353853**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465173**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587520**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726355**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Mullin, Thomas, P, Mr.,**

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Chief Operating Officer

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 / 22 / 2023**Transaction ID : A2023-2802120**

Amount of Each Receipt this Period

192.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633252**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**B. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635695**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**C. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679303**

Amount of Each Receipt this Period

38.47

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884979**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**B. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924754**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**C. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036972**

Amount of Each Receipt this Period

38.47

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 302

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130237**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**B. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294559**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**C. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353845**

Amount of Each Receipt this Period

38.47

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465165**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**B. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587512**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**C. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

961.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726347**

Amount of Each Receipt this Period

38.47

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.41



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 185 OF 302

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Mumma, Michael, J, Mr.,**

Mailing Address 5782 Stillwell Court

City  
HarrisburgState  
PAZip Code  
17112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802112**

Amount of Each Receipt this Period

38.47

☐ Memo Item

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

**B. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130276**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.17

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294539**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

269.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353884**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.95

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465144**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587551**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 302

(check only one)

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NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726386**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. O'Donnell, Michael, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802151**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Ortenzio, Robert, A, Mr.,**

Mailing Address 1716 Olmsted Way East

City  
Camp HillState  
PAZip Code  
17011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Chairman

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  
10 / 06 / 2023**Transaction ID : A2023-2224588**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5230.78

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 OF 302

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

**A. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633236**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635679**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679287**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 OF 302

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

**A. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884963**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924738**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036956**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 OF 302

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

**A. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130221**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294543**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353828**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465148**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587555**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726330**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ortenzio, Rocco, A, Mr.,**

Mailing Address 7 Westwind Dr

City  
LemoyneState  
PAZip Code  
17043-1234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802095**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**B. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.76

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633283**

Amount of Each Receipt this Period

153.84

☐ Memo Item

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

**C. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635726**

Amount of Each Receipt this Period

153.84

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 302

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2461.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679334**

Amount of Each Receipt this Period

153.84

☐ Memo Item

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

**B. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2615.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885010**

Amount of Each Receipt this Period

153.84

☐ Memo Item

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

**C. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2769.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924785**

Amount of Each Receipt this Period

153.84

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

461.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 194 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2922.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037004**

Amount of Each Receipt this Period

153.84

☐ Memo Item

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

**B. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130269**

Amount of Each Receipt this Period

153.84

☐ Memo Item

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

**C. Pegler, William, L, Mr.,**

Mailing Address 21723 E Rowland Cir

City  
AuroraState  
COZip Code  
80016-3608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3230.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294532**

Amount of Each Receipt this Period

153.84

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

461.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 OF 302

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

**A. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633246**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635689**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679297**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 196 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884973**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924748**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036966**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130231**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

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  
10 / 13 / 2023**Transaction ID : A2023-2294553**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

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  
10 / 27 / 2023**Transaction ID : A2023-2353839**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 198 OF 302

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

**A. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

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  
11 / 10 / 2023**Transaction ID : A2023-2465159**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

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  
11 / 24 / 2023**Transaction ID : A2023-2587506**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

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 / 08 / 2023**Transaction ID : A2023-2726341**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 199 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennacchia, Raymond, J, Mr.,**

Mailing Address 6 Cold Spring Lane

City  
MediaState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Marketing Senior

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 / 22 / 2023**Transaction ID : A2023-2802106**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633280**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635723**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 200 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679331**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885007**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924782**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 201 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037001**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130266**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

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  
10 / 13 / 2023**Transaction ID : A2023-2294528**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

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  
10 / 27 / 2023**Transaction ID : A2023-2353873**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

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  
11 / 10 / 2023**Transaction ID : A2023-2465133**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

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  
11 / 24 / 2023**Transaction ID : A2023-2587540**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 203 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726375**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Polo, Fabian, E, Mr.,**

Mailing Address 7915 Glade Hill Ct

City  
DallasState  
TXZip Code  
75218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
CEO/Administrator

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 / 22 / 2023**Transaction ID : A2023-2802140**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Pomeranz, Bruce, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2023**Transaction ID : A2023-2301938**

Amount of Each Receipt this Period

3000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3230.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 204 OF 302

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

**A. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City

Cantonment

State

FL

Zip Code

32533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Administrator

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353875**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City

Cantonment

State

FL

Zip Code

32533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Administrator

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

346.17

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465135**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City

Cantonment

State

FL

Zip Code

32533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Administrator

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587542**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 205 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City

Cantonment

State

FL

Zip Code

32533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Administrator

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

576.95

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726377**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Principe, Adam, , Mr.,**

Mailing Address 1207 Wings Way

City

Cantonment

State

FL

Zip Code

32533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Administrator

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802142**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Executive

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633288**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

346.16

**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 PageFOR LINE NUMBER: PAGE 206 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635731**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679339**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885015**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924790**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037009**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130274**

Amount of Each Receipt this Period

115.38

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

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294537**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353882**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465142**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 209 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587549**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726384**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. Pyles, Kimberly, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802149**

Amount of Each Receipt this Period

115.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.14

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 210 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633269**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635712**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679320**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 302

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

**A. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884996**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924771**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036990**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 212 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130255**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
10 / 13 / 2023**Transaction ID : A2023-2294517**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
10 / 27 / 2023**Transaction ID : A2023-2353862**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 213 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
11 / 10 / 2023**Transaction ID : A2023-2465182**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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  
11 / 24 / 2023**Transaction ID : A2023-2587529**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 08 / 2023**Transaction ID : A2023-2726364**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 214 OF 302  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Radford, Jeffrey, A, ,**

Mailing Address 15413 Monticello Drive

City  
BristolState  
VAZip Code  
24202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Administrator

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 / 22 / 2023**Transaction ID : A2023-2802129**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoon Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633264**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoon Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635707**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 215 OF 302

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

**A. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679315**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884991**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924766**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 302

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

**A. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036984**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130249**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294511**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 217 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353856**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465176**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587523**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 218 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726358**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Rhodes, Chandelle, L, Ms.,**

Mailing Address 20528 Lagoona Drive

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802123**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Romberger, Scott, A, Mr.,**

Mailing Address 440 Boyer St

City  
HalifaxState  
PAZip Code  
17032-9017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2023**Transaction ID : A2023-2301934**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5230.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 219 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633263**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635706**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679314**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 220 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884990**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924765**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036983**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130248**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294510**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353855**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 222 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465175**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587522**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726357**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 223 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rountree, Tim, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 22 / 2023**Transaction ID : A2023-2802122**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**B. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633248**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635691**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 224 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679299**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884975**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924750**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 225 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036968**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130233**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294555**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 226 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353841**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465161**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587508**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 227 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726343**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Rusignuolo, Brian, R, Mr.,**

Mailing Address 1339 Sconsett Way

City  
New CumberlandState  
PAZip Code  
17070FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802108**

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**C. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633281**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 228 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635724**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679332**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885008**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 OF 302

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

**A. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924783**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037002**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130267**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 230 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294529**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353874**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465134**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 OF 302

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

**A. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587541**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726376**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Ruskan, Jeffrey, J, Mr.,**

Mailing Address 304 Beechwood Drive

City  
RichmondState  
VAZip Code  
23229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
President

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 / 22 / 2023**Transaction ID : A2023-2802141**

Amount of Each Receipt this Period

192.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 232 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Saich, John, A, Mr.,**

Mailing Address 111 Daisy Ln

City  
PalmyraState  
PAZip Code  
17078-9202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Executive Vice President Chief HR O

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  
10 / 06 / 2023**Transaction ID : A2023-2224585**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633260**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635703**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5230.78



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679311**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884987**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924762**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 234 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036980**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130245**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294507**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 235 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353852**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465172**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587519**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 236 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726354**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Schmidt, Megan, P, Ms.,**

Mailing Address 204 Forest Lane North

City  
BlountvilleState  
TNZip Code  
37617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802119**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633262**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635705**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679313**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884989**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 238 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924764**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036982**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130247**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 239 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294509**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353854**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465174**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 302

(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587521**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726356**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Shovlin, Tyler, J, ,**Mailing Address 2910 Legacy Commons Plz Apt 308  
Suite 1050City  
OmahaState  
NEZip Code  
68130-1849FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802121**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 241 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Sissick, Krystina, , ,

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465141**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B.** Sissick, Krystina, , ,

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587548**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C.** Sissick, Krystina, , ,

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726383**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 242 OF 302  
(check only one)

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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**

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

**A. Sissick, Krystina, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802148**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633242**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635685**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 243 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679293**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884969**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924744**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 244 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036962**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130227**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294549**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 245 OF 302

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

**A. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353835**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465155**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587562**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 302

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

**A. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726337**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Gloria, J, Mrs.,**

Mailing Address 1685 North 700 West

City  
ColumbusState  
INZip Code  
47201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802102**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633277**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 247 OF 302  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635720**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679328**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885004**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 302

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

**A. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924779**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2269.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036998**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2461.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130263**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.01



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 249 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294525**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2846.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353870**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3038.57

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465130**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 250 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3230.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587537**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3423.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726372**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Skinner, Jon, C, Mr.,**

Mailing Address 5200 Topaz Ct

City  
Flower MoundState  
TXZip Code  
75022-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3615.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802137**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 302

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

**A. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633249**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635692**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679300**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 302

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

**A. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884976**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924751**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3480.82

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036969**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

403.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130234**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**B. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3519.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294556**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**C. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3538.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353842**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3557.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465162**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**B. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3577.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587509**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**C. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3596.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726344**

Amount of Each Receipt this Period

19.24

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 255 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sloterbeek, Meridell, , Mrs.,**

Mailing Address 164 E Dawn Dr

City  
TempeState  
AZZip Code  
85284-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3615.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802109**

Amount of Each Receipt this Period

19.24

☐ Memo Item

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

**B. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City  
TaneytownState  
MDZip Code  
21787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465151**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City  
TaneytownState  
MDZip Code  
21787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.17

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587558**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 256 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City  
TaneytownState  
MDZip Code  
21787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726333**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Smith, Chad, S, Mr.,**

Mailing Address 3289 Rolari Drive

City  
TaneytownState  
MDZip Code  
21787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802098**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633250**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 257 OF 302  
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635693**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679301**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884977**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 258 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924752**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036970**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130235**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 259 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.19

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294557**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353843**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465163**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 260 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587510**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 08 / 2023**Transaction ID : A2023-2726345**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Stover, Justin, E, ,**

Mailing Address 1619 Fox Hollow Road

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802110**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 261 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633254**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635697**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679305**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 262 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884981**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924756**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036974**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 263 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130239**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294501**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353847**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 264 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465167**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587514**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 08 / 2023**Transaction ID : A2023-2726349**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 265 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Streepy, Kurt, S, Mr.,**

Mailing Address 3128 Mattatha Drive

City  
BloomingtonState  
INZip Code  
47401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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 / 22 / 2023**Transaction ID : A2023-2802114**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Tarvin, Michael, E, Mr.,**

Mailing Address 117 Willow Lake Dr

City  
CarlisleState  
PAZip Code  
17015-9164FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2023**Transaction ID : A2023-2224586**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Tavenner, Marilyn, B, ,**

Mailing Address 13600 Butler Rd

City  
Amelia CourthouseState  
VAZip Code  
23002-2954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 28 / 2023**Transaction ID : A2023-2552055**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7615.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 266 OF 302  
(check only one)

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

**A. Tenenbaum, Jordan, D, ,**

Mailing Address 11231 Mosley Hill Dr

City  
Creve CoeurState  
MOZip Code  
63141-7622FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 17 / 2023**Transaction ID : A2023-2301936**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Thomas, Dan, , ,**

Mailing Address 5603 Chamberlyne Dr

City  
FriscoState  
TXZip Code  
75034FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Board Member

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  
11 / 28 / 2023**Transaction ID : A2023-2552053**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633235**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5615.39

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 302

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635678**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679286**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884962**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 302

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924737**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036955**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130220**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 269 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 13 / 2023**Transaction ID : A2023-2294542**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
10 / 27 / 2023**Transaction ID : A2023-2353827**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 10 / 2023**Transaction ID : A2023-2465147**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 270 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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  
11 / 24 / 2023**Transaction ID : A2023-2587554**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 08 / 2023**Transaction ID : A2023-2726329**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Umbenhauer, Kristy, J, ,**Mailing Address 619 Suedberg Rd  
Suite 1050City  
Pine GroveState  
PAZip Code  
17963-8839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President

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 / 22 / 2023**Transaction ID : A2023-2802094**

Amount of Each Receipt this Period

115.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 271 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Veit, Joel, T, Mr.,**

Mailing Address 2401 Ascott Way

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

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  
10 / 06 / 2023**Transaction ID : A2023-2224587**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

**B. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633245**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635688**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3230.78

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 272 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679296**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884972**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924747**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 302

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

**A. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036965**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130230**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

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  
10 / 13 / 2023**Transaction ID : A2023-2294552**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 302

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

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

**A. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

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  
10 / 27 / 2023**Transaction ID : A2023-2353838**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

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  
11 / 10 / 2023**Transaction ID : A2023-2465158**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

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  
11 / 24 / 2023**Transaction ID : A2023-2587565**

Amount of Each Receipt this Period

115.39

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

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 275 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

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 / 08 / 2023**Transaction ID : A2023-2726340**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Viggiano, Anthony, J, Mr.,**

Mailing Address 1973 Armstong Drive

City  
LansdaleState  
PAZip Code  
19446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Vice President of Work Strategies

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 / 22 / 2023**Transaction ID : A2023-2802105**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**C. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Select Medical Corporation

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633290**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

422.95

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 276 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635733**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679341**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1885017**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 302

(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924792**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2037012**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130277**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 278 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294540**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353885**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465145**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 279 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587552**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023**Transaction ID : A2023-2726387**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Weigl, Christopher, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : A2023-2802152**

Amount of Each Receipt this Period

192.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 280 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2023**Transaction ID : A2023-1632869**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2023**Transaction ID : A2023-1654993**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2023**Transaction ID : A2023-1764933**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 281 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023**Transaction ID : A2023-1903181**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 08 / 2023**Transaction ID : A2023-2037013**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2192.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2023**Transaction ID : A2023-2121679**

Amount of Each Receipt this Period

115.39

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

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 282 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2023**Transaction ID : A2023-2223667**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
10 / 20 / 2023**Transaction ID : A2023-2314419**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 03 / 2023**Transaction ID : A2023-2379813**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 283 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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  
11 / 17 / 2023**Transaction ID : A2023-2519609**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**B. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 01 / 2023**Transaction ID : A2023-2601813**

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

**C. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 15 / 2023**Transaction ID : A2023-2802093**

Amount of Each Receipt this Period

115.39

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

346.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 284 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Werner, William, , ,**

Mailing Address 4714 Gettysburg Rd

City  
MechanicsburgState  
PAZip Code  
17055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Executive

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 / 29 / 2023**Transaction ID : A2023-302551**

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

**B. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2023**Transaction ID : A2023-1633237**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2023**Transaction ID : A2023-1635680**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 285 OF 302  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2023**Transaction ID : A2023-1679288**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2023**Transaction ID : A2023-1884964**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2023**Transaction ID : A2023-1924739**

Amount of Each Receipt this Period

192.31

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

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 286 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.89

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2023**Transaction ID : A2023-2036957**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2023**Transaction ID : A2023-2130222**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y  
10 / 13 / 2023**Transaction ID : A2023-2294544**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 302

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

**A. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2023**Transaction ID : A2023-2353829**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.13

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2023**Transaction ID : A2023-2465149**

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**C. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2023**Transaction ID : A2023-2587556**

Amount of Each Receipt this Period

192.31

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 288 OF 302  
(check only one)

<input checked="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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : A2023-2726331

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

**B. Williams, Brian, J, Mr.,**

Mailing Address 9670 Rod Road

City  
AlpharettaState  
GAZip Code  
30022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Select Medical CorporationOccupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : A2023-2802096

Amount of Each Receipt this Period

192.25

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

384.56

186958.94



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 289 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Cut the Bull PAC**

Mailing Address 228 S. Washington St. Suite 115

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	3	

FEC Identification Number

C C00691626

**Transaction ID : B851158**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Judy Chu for Congress**

Mailing Address 16633 Ventura Blvd # 1008

City  
EncinoState  
CAZip Code  
91436

Purpose of Disbursement

Contribution

Candidate Name

Chu, Judy, , ,

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify)

State: CA

District: 28

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	3	

FEC Identification Number

C C00458125

**Transaction ID : B852492**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Judy Chu for Congress**

Mailing Address 16633 Ventura Blvd # 1008

City  
EncinoState  
CAZip Code  
91436

Purpose of Disbursement

Contribution

Candidate Name

Chu, Judy, , ,

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 28

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	3	

FEC Identification Number

C C00458125

**Transaction ID : B851062**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 290 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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. Help Elect Republicans Now (HERN PAC)**

Mailing Address 555 Metro Place S Ste. 525

City  
DublinState  
OHZip Code  
43017

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3	

FEC Identification Number

C C00692715

Transaction ID : B852505

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hern For Congress**

Mailing Address 9521-B Riverside Pkwy #350

City  
TulsaState  
OKZip Code  
74137

Purpose of Disbursement

Contribution

Candidate Name

Hern, Kevin, R, ,

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify)

State: OK

District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3	

FEC Identification Number

C C00636092

Transaction ID : B852506

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Pascrell for Congress**

Mailing Address PO Box 100

City  
TeaneckState  
NJZip Code  
07666

Purpose of Disbursement

Contribution

Candidate Name

Pascrell, William, J, , Jr.

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3	

FEC Identification Number

C C00313510

Transaction ID : B852507

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 291 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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. Silk PAC**

Mailing Address PO Box 286

City  
CaldwellState  
NJZip Code  
07006

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	2	3		

FEC Identification Number

C C00432765

**Transaction ID : B852508**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Smucker Victory Committee**

Mailing Address 824 S Milledge Ave Ste 101

City  
AthensState  
GAZip Code  
30605

Purpose of Disbursement

Contribution

Candidate Name

Smucker, Lloyd, K, ,

011

Category/  
Type

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: PA

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	3		

FEC Identification Number

C C00599464

**Transaction ID : B853049**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jason Smith for Congress**

Mailing Address PO Box 1324

City  
Cape GirardeauState  
MOZip Code  
63702

Purpose of Disbursement

Contribution

Candidate Name

Smith, Jason, , ,

011

Category/  
Type

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2022

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: MO

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00541862

**Transaction ID : B814123**

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item  
Voided: Original check dated 03/24/2022**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 292 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Mr. Southern Missourian In the House PAC**

Mailing Address PO Box 30844

City  
BethesdaState  
MDZip Code  
20824

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2023

FEC Identification Number

C C00563726

**Transaction ID : B814124**

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item Voided: Original check dated 03/24/2022

Full Name (Last, First, Middle Initial)

**B. Nicole for New York**

Mailing Address PO Box 60487

City  
Staten IslandState  
NYZip Code  
10306

Purpose of Disbursement

Contribution

Candidate Name

Malliotakis, Nicole, , ,

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify)

State: NY

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2023

FEC Identification Number

C C00694778

**Transaction ID : B826160**

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item Voided: Original check dated 08/17/2022

Full Name (Last, First, Middle Initial)

**C. NRCC**

Mailing Address 320 1st St. SE

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2023

FEC Identification Number

C C00075820

**Transaction ID : B815267**

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item Voided: Original check dated 04/08/2022
**SUBTOTAL** of Disbursements This Page (optional)..... ►

- 11000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 293 OF 302

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

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NAME OF COMMITTEE (In Full)

**Select Medical Corporation PAC**

Full Name (Last, First, Middle Initial)

**A. Tom Rice for Congress**

Mailing Address PO Box 70098

City  
Myrtle BeachState  
SCZip Code  
29572

Purpose of Disbursement

Contribution

011

Candidate Name

Rice, Tom, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C C00506048

**Transaction ID : B818221**

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item Voided: Original check dated 05/11/2022

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 244

City  
ClintonState  
NYZip Code  
13323

Purpose of Disbursement

Contribution

011

Candidate Name

Tenney, Claudia, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C C00632828

**Transaction ID : B853662**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tenney for Congress**

Mailing Address PO Box 244

City  
ClintonState  
NYZip Code  
13323

Purpose of Disbursement

Contribution

011

Candidate Name

Tenney, Claudia, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C C00632828

**Transaction ID : B853663**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 294 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Ron Estes For Congress**

Mailing Address PO Box 782952

City  
WichitaState  
KSZip Code  
67278

Purpose of Disbursement

Contribution

Candidate Name

Estes, Ron, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 04

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	2	3	

FEC Identification Number

**C** C00632067**Transaction ID : B854200**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ron Estes For Congress**

Mailing Address PO Box 782952

City  
WichitaState  
KSZip Code  
67278

Purpose of Disbursement

Contribution

Candidate Name

Estes, Ron, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify)

State: KS

District: 04

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	2	3	

FEC Identification Number

**C** C00632067**Transaction ID : B854201**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fight Like Hell PAC**

Mailing Address 1375 S Washington Ave. Ste 300

City  
LansingState  
MI

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3	

FEC Identification Number

**C** C00842104**Transaction ID : B854647**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Adrian Smith for Congress**

Mailing Address 1126 Avenue A Ste 6

City  
ScottsbluffState  
NEZip Code  
69361

Purpose of Disbursement

Contribution

Candidate Name

Smith, Adrian, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3	

FEC Identification Number

**C** C00412890**Transaction ID : B855343**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Concerned Americans for Freedom & Opportunity PAC**

Mailing Address 228 S Washington St Ste 115

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3	

FEC Identification Number

**C** C00481176**Transaction ID : B855342**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lisa Blunt Rochester for Senate**

Mailing Address PO Box 9767

City  
WilmingtonState  
DEZip Code  
19809

Purpose of Disbursement

Contribution

Candidate Name

Blunt Rochester, Lisa, , ,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3	

FEC Identification Number

**C** C00843391**Transaction ID : B855367**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Lisa Blunt Rochester for Senate**

Mailing Address PO Box 9767

City  
WilmingtonState  
DEZip Code  
19809

Purpose of Disbursement

Contribution

011

Candidate Name

Blunt Rochester, Lisa, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: DE

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3	

FEC Identification Number

C C00843391

Transaction ID : B855368

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Beth Van Duyne For Congress**

Mailing Address PO Box 630167

City  
IrvingState  
TXZip Code  
75063

Purpose of Disbursement

Contribution

011

Candidate Name

Van Duyne, Elizabeth, , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: TX

District: 24

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3	

FEC Identification Number

C C00714865

Transaction ID : B855795

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Beth Van Duyne For Congress**

Mailing Address PO Box 630167

City  
IrvingState  
TXZip Code  
75063

Purpose of Disbursement

Contribution

011

Candidate Name

Van Duyne, Elizabeth, , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX

District: 24

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3	

FEC Identification Number

C C00714865

Transaction ID : B855796

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 297 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Michelle Steel For Congress**

Mailing Address 9070 Irvine Center Drive Suite 150

City  
IrvineState  
CAZip Code  
92618

Purpose of Disbursement

Contribution

Candidate Name

Steel, Michelle, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3	

FEC Identification Number

**C** C00704981**Transaction ID : B855794**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brad Wenstrup Victory Fund**

Mailing Address PO BOX 30844

City  
BethesdaState  
MDZip Code  
20824

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3	

FEC Identification Number

**C** C00617480**Transaction ID : B856229**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michelle Steel For Congress**

Mailing Address 9070 Irvine Center Drive Suite 150

City  
IrvineState  
CAZip Code  
92618

Purpose of Disbursement

Contribution

Candidate Name

Steel, Michelle, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3	

FEC Identification Number

**C** C00704981**Transaction ID : B855793**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Dwight Evans for Congress**

Mailing Address P.O. Box 6578

City  
PhiladelphiaState  
PAZip Code  
19138

Purpose of Disbursement

Contribution

011

Candidate Name

Evans, Dwight, , ,

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2024



Primary



General



Other (specify) ▼

State: PA

District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 13 2023

FEC Identification Number

C C00591065

Transaction ID : B857266

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dwight Evans for Congress**

Mailing Address P.O. Box 6578

City  
PhiladelphiaState  
PAZip Code  
19138

Purpose of Disbursement

Contribution

011

Candidate Name

Evans, Dwight, , ,

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2024



Primary



General



Other (specify) ▼

State: PA

District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 13 2023

FEC Identification Number

C C00591065

Transaction ID : B857267

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Menendez for Congress**

Mailing Address 123 Town Square Place #515

City  
Jersey CityState  
NJZip Code  
07310

Purpose of Disbursement

Contribution

011

Candidate Name

Menendez, Robert, J, ,

Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2024



Primary



General



Other (specify) ▼

State: NJ

District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 13 2023

FEC Identification Number

C C00799767

Transaction ID : B857265

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 299 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Mikie Sherrill for Congress**

Mailing Address PO Box 43032

City  
MontclairState  
NJZip Code  
07043

Purpose of Disbursement

Contribution

Candidate Name

Sherrill, Rebecca, M, ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	2	3		

FEC Identification Number

**C** C00640003**Transaction ID : B857278**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tenney for Congress**

Mailing Address PO Box 244

City  
ClintonState  
NYZip Code  
13323

Purpose of Disbursement

Contribution

Candidate Name

Tenney, Claudia, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	2	3		

FEC Identification Number

**C** C00632828**Transaction ID : B857264**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Abraham Lincoln PAC**

Mailing Address 824 S. Milledge Avenue Suite 101

City  
AthensState  
GAZip Code  
30605

Purpose of Disbursement

Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2023

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	3		

FEC Identification Number

**C** C00631051**Transaction ID : B857449**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. LaHood for Congress**

Mailing Address PO Box 10735

City  
PeoriaState  
ILZip Code  
61612

Purpose of Disbursement

Contribution

011

Candidate Name

LaHood, Darin, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	2	3		

FEC Identification Number

C C00575050

Transaction ID : B857447

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LaHood for Congress**

Mailing Address PO Box 10735

City  
PeoriaState  
ILZip Code  
61612

Purpose of Disbursement

Contribution

011

Candidate Name

LaHood, Darin, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	2	3		

FEC Identification Number

C C00575050

Transaction ID : B857448

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carey For Congress**

Mailing Address PO Box 16032

City  
ColumbusState  
OHZip Code  
43216

Purpose of Disbursement

Contribution

011

Candidate Name

Carey, Mike, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	6		2	0	2	3		

FEC Identification Number

C C00779603

Transaction ID : B858317

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 301 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Smucker Victory Committee**

Mailing Address 824 S Milledge Ave Ste 101

City  
AthensState  
GAZip Code  
30605

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2023

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		2	0	2	3		

FEC Identification Number

C C00658484

Transaction ID : B862715

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)	▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

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

138500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 302 OF 302

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Friends of Kevin Boyle**

Mailing Address 9816 Red Rambler Drive

City  
PhiladelphiaState  
PAZip Code  
19115

Purpose of Disbursement

P-2024 State House 172 PA

Candidate Name

Boyle, Kevin, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : B856632

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

7500.00